

Physical Activity Readiness Questionnaire

(PAR-Q)

Taking part in physical activity/exercise is very safe for most people. However, some people should check with their doctor before they start an exercise session. Before taking part in physical activity and/or exercise, please answer the questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: please tick YES or NO

1. Do you know of or has your doctor ever said you have any sort of heart condition, which limits what exercise you can undertake? Yes [] no []
2. Do you have any chest pain when you exercise? Yes [] no []
3. In the past three months have you had any chest pain when you are not exercising? Yes [] no []
4. Do you lose your balance, become dizzy or lose consciousness at any time? Yes [] no []
5. Do you suffer from any joint problems or pain (knee, hip or back pain)? Yes [] no []
6. Do you suffer from any of the following conditions: asthma; diabetes; epilepsy; high blood pressure? (if yes state below) Yes [] no []

7. Do you have any current injuries or medical conditions? If yes are they being treated by a health care professional, doctor, physiotherapist? (please state below) Yes [] no []

8. Have you had any injuries in the past month which affected you in taking part in physical activity? (please state below) Yes [] no []

9. Do you know of any other reason why you should not engage in physical activity/exercise? Yes [] no []

If you have answered yes to questions 1-5 & 9 then please explain in further detail the nature of your answer which questions number next to it and then please check with a member of staff to see if any further action is needed i.e. doctors permission.

Assumption of Risk: I declare that I have read, understood, and answered honestly all the questions above. I am agreeing to participate in the exercise session (which may include aerobic, resistance, power and stretching exercises) and understand that there may be risks associated with physical activity.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Name: _____

Signature: _____

Date: _____