

Physical Activity Readiness Questionnaire

Name: _____ Date of Birth: _____

Contact Telephone Number: _____

Address: _____

Email Address: _____

Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose a problem or hazard. This PAR-Q has been designed to identify the small number of people for whom physical activity might be inappropriate or those whom should seek medical advice before beginning. Please read these questions carefully and circle YES/NO.

Has your doctor every said that you have a heart condition and recommended only medically supervised activity? YES/NO

Do you have chest pains brought on by physical activity? YES/NO

Have you developed chest pains in the last month? YES/NO

Do you tend to lose consciousness or fall over as a result of dizziness? YES/NO

Do you have a bone or joint problem that could be aggravated by physical activity? YES/NO

Have you ever been recommended medication for your blood pressure or a heart condition? YES/NO

Are you pregnant or have you delivered a baby within the last 6 months?

YES/NO

Have you undergone abdominal surgery (C-Section, Hernia, Appendix etc) in the last 9 months?

YES/NO

Any other notes:

A gradual increase in regular exercise promotes fitness and improves overall health while minimising or eliminating discomfort. Postpone entry into the programme if you feel unwell or have a temporary illness.

Signed: _____

Date: _____