

PAR-Q & YOU

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the questions below. If you are between the ages of 13-65, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 65 years of ages, and you are not used to being very active, check with your doctor.

Name: _____ Mr. Mrs. Miss. Ms. Date of Birth: _____

Address: _____

Post Code: _____

Telephone Day: _____ Eve: _____

Mobile: _____ Email Address: _____

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Tick YES or NO.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a stroke?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel pain in your chest when you do physical exercise; is there a reason for this?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently taking any medication prescribed by your Doctor?
(I.e. water pills or beta blockers for blood pressure or heart condition).
If yes please give details of the medication you are taking _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had surgery in the last 3 months?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you suffer from Asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you suffer from High Blood Pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you suffer from Low Blood Pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any injuries at the moment?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you suffer from Diabetes?
If yes please give details of the type _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 11. Do you suffer from Epilepsy or Seizures?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you lose your balance because of dizziness or an underlying medical condition?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have any bone or joint problems (i.e. back, knee or hip) that could be made worse by a change in your physical activity?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you pregnant or planning a pregnancy. Or have had a baby in the last 6 months?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you suffered from a Cold or Virus in the last 2 weeks?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is there any physical or mental health condition not mentioned why you should not follow an activity programme?
If yes please give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **YES** to any of the questions above, you will need to be seen by one of our GP Referral Consultants. Who may refer you to your own General Practitioner.

For office use only:-

Client Information:	GP Referral Consultants Recommendations:
Date:	Date:
Comments:	Comments:

If you have answered **NO** to all the PAR-Q questions:

Start a graduated exercise programme – begin slowly and build up gradually. This is the safest and easiest way to go.

PLEASE NOTE:
If your health changes so that you then answer **YES** to any of the above PAR-Q questions, tell your fitness consultant or health professional. Ask whether you should change your physical activity plan.

Within the last 6 months how often have you participated in half an hour or more of sport or physical activity?

- | | | |
|---|--|---|
| <input type="checkbox"/> 4+ times a week | <input type="checkbox"/> 4 times a month | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> 1-3 times a week | <input type="checkbox"/> 2-3 times a month | <input type="checkbox"/> New to Sport |
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> Once a month | |

Declaration:

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

NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: (if under the age of 18yrs) _____