

# Pilates PARQ

(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.

<b>Name</b>					
<b>D.O.B</b>		<b>Age</b>		<b>Gender</b>	
<b>Address</b>					
			<b>Postcode</b>		
<b>Tel No.</b>	<b>Day</b>		<b>Mobile</b>		
	<b>Eve</b>		<b>Occupation</b>		
<b>Emergency Contact</b>			<b>Emergency Tel</b>		

Please read the questions carefully and answer each one as honestly as you can. Please tick appropriate box, Yes or No.

1. Are you on any medication that may affect you during the session? Yes  No   
If you answered yes please give details: \_\_\_\_\_  
\_\_\_\_\_

2. Have you any illnesses/disabilities?    
If you answered yes please give details: \_\_\_\_\_  
\_\_\_\_\_

3. Do you have any injuries or joint problems?    
If you answered yes please give details: \_\_\_\_\_  
\_\_\_\_\_

4. Have you been recommended to Pilates by health/medical practitioner  
E.g. Physiotherapist?    
If you answered yes please give details: \_\_\_\_\_  
\_\_\_\_\_

5. Are you pregnant or have you been pregnant in the last 6 months?

6. Are there any other conditions that your teacher should be aware of?

If you answered yes please give details: \_\_\_\_\_

\_\_\_\_\_  
Please inform your instructor if your health changes in relation the above questions, as this may alter your personal activity.

Please answer the following questions in relation to your current activity or exercise status during the last month.

1. How many times a week have you participated in activity/ exercise?

\_\_\_\_\_  
\_\_\_\_\_

2. What were the activities/ exercises?

\_\_\_\_\_  
\_\_\_\_\_

3. How did you find the activity/ exercise sessions?

Easy  Moderate  Hard

### **Informed consent**

I have read, understood and completed the questionnaire. I am satisfied that I answered the above questions honestly and to the best of my ability. I agree to participate in the exercise programme of my own free will and I realise that the programme will change and adapt to remain effective for me.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT OF GUARDIAN (for participants under the age of 18 years)

\_\_\_\_\_

### **Instructors Notes:**

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