

### Physical Activity Readiness Questionnaire (PAR-Q)

If you are between 15 and 69 years of age, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor.

Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly by ticking YES or NO.

	Yes	No
1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had a chest pain when you were not doing physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem (e.g. back, knee or hip) that could be made worse by a change in your physical activity?		
6. Are you diabetic?		
7. Is your doctor currently prescribing medication for your blood pressure or heart condition?		
8. Are you pregnant or have you been pregnant in the last 6 months?		
9. Are you currently taking any medication? If yes, what and for what reason?		
10. Do you know of any other reason why you should not do physical activity? If yes please comment...		

Yes to one or more questions 1-4: You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

Yes to one or more questions 5-10: You can be reasonably sure that it is safe for you to participate in physical activity provided special consideration is given to the above, gradually building up from our current ability level. No to all questions: You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level.

'I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.'

Name: \_\_\_\_\_

Mobile No:\* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please provide a contact Telephone Number. so we can contact you in the event of class cancellation etc