



PHYSICAL ACTIVITIES READNESS QUESTIONNAIRE (PAR-Q)

Many health benefits are associated with regular exercise, and the completion of 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 any problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is the best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

1. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?	YES	NO
2. Do you have high blood pressure?	YES	NO
3. Do you have low blood pressure?	YES	NO
4. Do you have Diabetes Mellitus or any other metabolic disease?	YES	NO
5. Has your doctor ever said you have raised cholesterol (serum Level above 6.2mmol/L)?	YES	NO
6. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES	NO
7. Have you ever felt pain in your chest when you do physical exercise?	YES	NO
8. Is your doctor currently prescribing you drugs or medication?	YES	NO
9. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?	YES	NO
10. Is there any history of Coronary Heart Disease in your family?	YES	NO
11. Do you often feel faint, have spells of severe dizziness or have lost consciousness?	YES	NO
12. Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)?	YES	NO
13. Do you currently smoke?	YES	NO
14. Do you NOT currently exercise on a regular basis (at least 3 times a week) and/or work in a job that is physically demanding?	YES	NO
15. Are you, or is there any possibility that you might be pregnant?	YES	NO
16. Do you know of any reason why you should not participate in a program of physical activity?	YES	NO
17. Do you have a pacemaker and/or other medical device implanted in your body or used for life support?	YES	NO



If you answered: - Yes to one or more questions:

If you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity and/or taking a fitness appraisal. Tell your doctor what questions you answered 'yes' to on PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your doctor as to your suitability for:

1. Unrestricted physical activity starting off easily and progressing gradually, and
2. Restricted or supervised activity to meet your specific needs, at least on an initial basis.

No to all questions:

IF you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

1. A graduated exercise programme
2. A fitness appraisal

Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Clients Name:	Trainers Name:
Clients Signature:	Trainers Signature:
Date:	Date:

Additional Note: I have taken medical advice and my doctor has agreed that I should exercise.

Signature:

Date: