

Physical Activity Readiness Questionnaire (PAR-Q)

Physical activity should not be hazardous for most people. This questionnaire has been designed to identify those individuals who should seek medical attentions prior to beginning a physical fitness program. Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Question	Yes	No
1. <i>Has your Doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or may be made worse with exercise?</i>		
2. <i>Do you have high blood pressure?</i>		
3. <i>Do you have low blood pressure?</i>		
4. <i>Do you have Diabetes Mellitus or any other metabolic disease?</i>		
5. <i>Has your Doctor ever said you have raised cholesterol?</i>		
6. <i>Has your Doctor ever said that you have a heart condition and that you should only do physical activity recommended by a Doctor?</i>		
7. <i>Have you ever felt pain in your chest when you do physical exercise?</i>		
8. <i>Is your Doctor currently prescribing you with drugs or medication?</i>		
9. <i>Have you ever suffered from unusual shortness of breath at rest or with mild exertion?</i>		
10. <i>Is there any history of coronary heart disease within your family?</i>		
11. <i>Do you often feel faint, have spells of severe dizziness or have lost consciousness?</i>		
12. <i>Do you currently drink more than the average amount of alcohol per week (Men - 15 drinks a week, with no more than 3 drinks a day most days, Women – 10 drinks a week, with no more than 2 drinks a day most days)</i>		
13. <i>Do you currently smoke?</i>		
14. <i>Do you NOT currently exercise on a regular basis (at least 3 times per week) and/or work in a job that is physically demanding?</i>		
15. <i>Are you, or is there any possibility you could be pregnant?</i>		
16. <i>Do you know of any other reason why you should not participate in a program of physical activity?</i>		

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 assessment. Tell your Doctor what questions you answered yes to on your PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your Doctor as to your suitability for:

- Unrestricted physical activity starting off easily and progressing gradually.
- Restricted or supervised activity to meet your specific need.

No to all:

If you answered the PAR-Q accurately, you have reasonable assurance of your present suitability for a graduated programme and fitness appraisal.



Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions on the PAR-Q. I also state that I wish to participate in activities that may include Cardiovascular, Aerobic, Resistance exercises and stretching. I realise that my participation in these activities involves the risk of injury and even in very extreme cases the possibility of death. Furthermore I hereby confirm that I am voluntarily engaging and participating in a level of exercise that I am comfortable with or has been recommended to me.

Client email	Client Cell C	Home H
Client's Name	Trainers Name David Jeenes	
Client's signature	Trainers Signature	
Date	Date	

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

Signature _____ Date _____