



GRAFTERS IRONWORK GYM

01709 577730

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

If you are planning to take part in physical activity or an exercise class, start by answering the questions below. If you are between the ages of 15 and 69 the questionnaire will tell you if you should talk with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor. **All information will be treated confidentially.** Answer YES or NO

- | | | | |
|----|---|----------------------------|----------------------------|
| 1 | Have you ever been advised by your doctor that you have a heart condition and should only do physical activity recommended by a doctor? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2 | Do you ever feel pain in your chest when you do physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3 | Have you ever had chest pain when you were not doing physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4 | Do you ever feel faint or have spells of dizziness? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5 | Do you have a bone or joint problem that could be made worse by exercise? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6 | Have you ever been told that you have high blood pressure? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7 | Are you currently taking any medication? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7a | If yes, what? <input type="text"/> | | |
| 8 | Are you pregnant or have you had a baby in the last six months? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 9 | Is there any other reason why you should not participate in physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 9a | If yes, what? <input type="text"/> | | |
| 10 | Date of birth <input type="text"/> | | |

If you have answered 'YES' to one or more questions

Talk to your doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the questionnaire and which question(s) you answered yes to. You may be able to do any activity you want – as long as you begin slowly and build up gradually, or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kind of activity you wish to participate in and follow his/her advice.

If you have answered 'NO' to all questions

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember – begin slowly and build up gradually.

Please note: If your health changes so that subsequently you answer yes to any of the above questions, inform your fitness or health professional immediately. Ask whether you should change your physical activity or exercise plan. Delay becoming more active if you feel unwell because of a temporary illness such as a cold or flu – wait until you are better.

- I have read, understood and completed this questionnaire
- All questions have been answered to the best of my knowledge

Name:

Signed:

Address:

Phone:

Date: / /

Emergency contact:

Name

Telephone number