

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 16 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 first. **All information will be treated confidentially.**

	YES	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?		
2. Do you ever feel pain in your heart or chest when you do physical activity?		
3. Have you ever had chest pain when you were not doing physical activity?		
4. Do you ever feel faint or have spells of dizziness?		
5. Do you have a bone or joint problem that could be made worse by exercise?		
6. Have you every been told you have high blood pressure?		
7. Are you currently taking any medication?		
7a. If yes, what?		
8. Are you pregnant or have you had a baby in the last six months?		
9. Is there any other reason why you should not participate in physical activity?		
9a. If yes, what?		
10. Date of birth:		

If you answered 'YES' to one or more questions

Talk to your doctor before starting physical activity. 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 build up gradually or restrict your activity to those safe for you. Please follow the advice of your doctor before starting any physical activity.

If you answered 'NO' to all questions

You can be reasonably sure that you can start to become more physically active and take part in exercise classes. Remember - start slowly and build up gradually.

Please note: If your health changes at any time, inform your fitness or health professional immediately. Discuss whether you should change the physical activity you do. Delay becoming more active if you are unwell due to a temporary illness like cold or flu, wait until you are better.

I have read, understood and completed this questionnaire to the best of my knowledge and I confirm that where any medical condition, discomfort or injury which may be affected by physical activity or becomes applicable at any time when I am participating in a class, I am responsible for checking with my doctor to ensure I am able to participate in this activity.

PRINT NAME:

SIGNATURE: To be signed at class

DATE:

EMERGENCY CONTACT NAME AND NUMBER: