

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME _____ DoB _____

EMAIL _____ TEL _____

If you're aged 15-69, the PAR-Q will tell you if you should check with your doctor before significantly changing your physical activity patterns. If you're over 69 years and aren't used to being very active, check with your doctor. Please read each question carefully and answer honestly by ticking YES/NO.

	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?		
Do you have any physical injuries or movement restrictions that could be made worse by physical activity?		
Do you know of any other reason why you should not take part in physical activity?		

If YES, please comment:

If you answered YES to one or more questions: You should consult with your doctor to clarify that it's safe for you to become physically active at the current time.

If you answered NO to ALL of the questions: It is reasonably 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.

SIGNATURE _____ PRINT NAME _____ DATE _____