

Physical Activity Readiness 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 most suitable for them. Common sense is the best guide in answering these few questions.

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 that 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 your 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 currently exercise on a regular basis (at least 3 times a week) and 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 other reason why you should not participate in a programme of physical activity? Yes/No

If YES please give details _____

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 will include functional exercise 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 the exercise programme.

Client's Name:	Trainer's Name: Terry Hughes
Client's Signature:	Trainer's Signature:
Date:	Date:

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

Signature: _____ Date: _____