

**PAR – Q**  
**Physical Activity Readiness Questionnaire**

Regular Physical Group Exercise is fun and can be very sociable. Regular physical exercise also has a long list of health advantages and contributes greatly towards maintaining a long term healthy lifestyle. Becoming more physically active is very safe for MOST people, however SOME may need to check with their doctor or qualified exercise professional before beginning a new exercise programme. Begin by answering the following questions CAREFULLY and HONESTLY.

Please circle YES or NO:

**SECTION 1 - PERSONAL DETAILS**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SECTION 2 - GENERAL HEALTH**

- Have you ever been diagnosed with a heart condition, Chronic Heart Disease OR high blood pressure?  
**YES NO**
- Have you had surgery recently (in the last 12 months)? **YES NO**  
If YES, please specify: \_\_\_\_\_
- Do you suffer from dizziness, loss of balance OR lost consciousness in the last 12 months? **YES NO**
- Are you/could you be pregnant? **NO YES** (How many weeks/ Trimester? \_\_\_\_\_)
- Do you smoke? **YES NO**
- Do you drink alcohol? **YES NO** **Units per week:** \_\_\_\_\_ (optional)
- Do you feel pain in your chest during rest, daily activity or while undertaking physical activity? **YES NO**
- Do you suffer bone OR joint problems that could be made worse with physical exercise? **YES NO**
- Have you suffered an injury in the last 6 months which could be made worse with physical activity?  
**YES NO** If YES, Please specify \_\_\_\_\_
- Do you currently take prescribed medication for a chronic medical condition? **YES NO**
- Are you required to carry your medication with you during exercise? **YES NO**  
If YES, please specify: \_\_\_\_\_
- Do you/have you suffered from any other chronic medical conditions such as asthma, diabetes, thyroid, hypertension, arthritis, cancer, stroke, depression, eating disorder or back problems?  
**YES NO** If YES, please specify: \_\_\_\_\_  
\_\_\_\_\_

If you answered **YES** to one or more questions in section 2 please discuss it further with your fitness instructor.

You may be ready to undertake more physical activity but may be asked to start slowly on a modified programme. This would allow you to be part of the programme but at a pace more suited to your health and ability. You may be advised to consult with your doctor to discuss the appropriateness of this programme.

If you answered **NO** to the questions in Section 2, you are ready to undertake this Programme of Physical Activity.

Begin carefully and cautiously until you feel comfortable and confident with the programme. It is your responsibility to keep your instructor informed regarding your current health including any concerns regarding this programme.

### SECTION 3 – LIFESTYLE/PHYSICAL ACTIVITY

● How do you rate your physical activity at work?

**Very Little   Little   Moderate   Active   Very Active**

● How do you rate your physical activity in daily life (NOT at work; housework, gardening)?

**Very Little   Little   Moderate   Active   Very Active**

● Do you currently participate in any Physical Activity Programme or Sport?

**YES   NO   Specify: \_\_\_\_\_**

● How physically fit do you feel at present?

**Unfit   Below Average   Average   Above Average   Very Fit**

● Why do you want to take part in this Fitness Programme? (Circle ALL which apply)

**Weight Loss   Tone & Strengthen   Maintain Fitness Level   Improve Fitness Level**  
**Sociability   Time: Fits around work/home life   Improve Health   Maintain Healthy Lifestyle**

Please Indicate how you prefer to be contacted e.g information/updates, special offers or short notice cancellation of classes (Please circle as appropriate):

**Home Telephone   Mobile Telephone   Text Message   Email   Do Not Contact Me**  
\_\_\_\_\_

**\*\*PLEASE NOTE\*\***

During this Fitness Programme, every effort will be made to assure your safety. However, as with any exercise programme, there are risks of injury. This programme involves the participation in Cardiovascular, resistance and flexibility exercise. It is your responsibility to inform your instructor of any changes to your health and wellbeing which may affect your ability to participate in this programme safely. The personal details included in this PAR -Q will be held in accordance with the Data Protection Act 1998 and NEVER passed to a third party.

### DECLARATION

I the undersigned, have read, understood and completed this questionnaire to my full satisfaction and the information contained herein is complete and accurate. I accept full responsibility for my participation in this programme. I understand the importance of keeping my health information up to date and it is my responsibility to inform the Programme instructor as soon as any changes to my health and wellbeing occur.

**The undersigned client has been approved to participate in this Programme.**

**Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please Print: \_\_\_\_\_**

**Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please Print: \_\_\_\_\_**