



1 TO 1 PERSONAL TRAINING

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 to 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. Has your doctor ever said you have a heart condition and that you 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 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 of which the instructors should be made aware? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

7a. If yes, what?

- | | | |
|-----------------------------------------------------------------------------------|----------------------------|----------------------------|
| 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?

If you have answered YES to one or more questions:

Talk to your doctor by telephone 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 to your doctor about the kind of activity you wish to participate in and follow his or 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 but 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:

Signature:

Address:

Contact number: Date:

Emergency contact

Name:

Contact number: