

Physical Activity Readiness Questionnaire PAR-Q

If you are the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are in any doubt as to your own level of fitness or medical condition or if you are over 69 years of age, are not used to being very active, check with your doctor.

Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly: check YES or NO.

	YES	NO
1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you had a chest pain when you were doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem (for example, back, knee or hip)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your doctor currently describing medication for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please comment:		
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YES to one or more questions: You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

NO to all questions: You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from you current ability level. A full fitness appraisal can help to determine your fitness level.

“I have read and understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of pole fitness, and my participation involves a risk of injury and bruising. I am not under the influence of alcohol and/or drugs.”

Client's name:
Signature:
Date:

Having answered YES to to one of above, I have sought medical advice and my GP has agreed that I may exercise.

Signature:	Date:
Note: Physical activity is valid for maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.	