

## Adult PAR-Q: Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy. Increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctors before they start becoming much more physically active.

If you are planning to become much more physically active that you are now, start by answering the questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with 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. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. **Tick YES or NO.**

Questions: (if 'yes' is ticked, please explain overleaf and see your tutor/coach before class, thanks you)	Yes	No
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had chest pain when not doing physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Do you have high blood pressure?		
7. Do you have epilepsy?		
8. Do you have diabetes?		
9. Are you pregnant?		
10. Have you had a baby within the last 6 months?		
11. Do you have any other condition that may affect your ability to start physical activity?		
12. Do you know of any other reason why you should not do physical activity?		

If you answered YES to one or more questions...please **write details on the reverse of this form** and...

Talk with your doctor by phone or in person **before** you start becoming more physically active or **before** you have a fitness appraisal. Tell your doctor about the PAR-Q and to which questions you answered 'yes'.

- You may be able to do any activity you want as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. **Talk** with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**If you answered NO to all questions...**

If you answered honestly to all questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

**Delay becoming much more active if...**

- If you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better.
- If you are or may be pregnant - talk to your doctor before you start becoming more active.

**Please Note:** If your health changes so that you answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan. **If you have any doubt whatsoever after completing this questionnaire, consult your doctor prior to commencing physical activity.**

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**E-Mail** (useful for updating you with the latest info): \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone Number of Emergency Contact: \_\_\_\_\_

Relation of emergency contact to you e.g. husband, wife, friend, parent, partner etc: \_\_\_\_\_

Your **FaceBook** address: \_\_\_\_\_ 'Like' our page: [facebook.com/BodyFitCumbria](https://www.facebook.com/BodyFitCumbria)

How did you find out about our classes? \_\_\_\_\_ (If a friend, we'd like to thank them, so please let us know their name.)

Do you object to your details being stored on computer (for our records only) Yes/No

**Runners:** Do you object to your **Name** and **Date of Birth** being passed onto RunTogether? Yes/No

