



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q)

<b>Name &amp; surname</b>	
<b>ID number</b>	
<b>Contact number</b>	
<b>Physical address</b>	
<b>Email address</b>	
<b>Emergency contact &amp; phone number</b>	

Regular physical activity is fun and healthy, and 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 doctor before they start becoming much more physically active. In order for us to better understand your health and exercise level, please answering the seven questions in the box below. Common sense is your best guide when you answer these questions.

GENERAL HEALTH QUESTIONS		
Please read the questions carefully and answer each one honestly: check YES or NO.	YES	NO
1. Has your doctor ever said that you have a heart condition OR high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months??	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? <i>PLEASE LIST CONDITION(S) HERE:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking prescribed medications for a chronic medical condition? <i>PLEASE LIST CONDITION(S) AND MEDICATION HERE:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? <i>(Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active.)</i> <i>PLEASE LIST CONDITION(S) HERE:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you pregnant or less than 6 weeks post-natal?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you aware of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>



**IF YOU ANSWERED NO** to all of the questions above, you are cleared for physical activity.

**IF YOU ANSWERED YES** to one or more questions, you are advised to consult with your doctor and get clearance from your doctor before engaging in any physical activity.

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-O and 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.
- Find out which exercises are safe and helpful for you.

**NO to all questions:**

If you answered NO honestly to all PAR-Q 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

**BUT:**

**DELAY BECOMING MUCH MORE ACTIVE:**

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

**IMPORTANT:**

**Should there be any changes to your health, please advise your fitness instructor immediately.**

**I acknowledge that I have read, understood and accurately completed the above questionnaire.**

**I acknowledge that trainers of IN-TRAINING are not physicians and are not trained in any way to provide medical diagnosis, medical treatment, and medical advice. I am aware that it is always advisable to consult a physician before embarking on any new health/fitness/nutrition programme.**

Signature: \_\_\_\_\_

Full name and surname: \_\_\_\_\_

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

**NOTE:** This physical activity clearance is valid for a 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 above questions



**Pre-Participation Risk Screening Questionnaire**

**Complete this form in full with your participant before embarking on any testing, assessments or training**

Name and Surname:		Contact no:	
Doctor:		Contact no:	
RISK FACTOR QUESTIONS: SECTION 1			
History		True/False	
I have been diagnosed with a heart condition			
I currently have a heart condition			
Symptoms		True/False	
I experience chest discomfort with exertion			
I experience unreasonable breathlessness			
I experience dizziness, fainting or blackouts			
I take heart medication			
Other health issues		True/False	
I am currently, or have previously been, diabetic <i>(indicate whether IDDM or NIDDM)</i>			
I have asthma or any other lung disease			
I get burning or cramping sensations in my lower legs when walking short distances			
I have musculoskeletal problems that limit my physical activity (muscle, ligament, bone)			
I take prescription medication			
I am currently pregnant			
Cardiovascular Risk Factors		True/False	
I am a male, older than 45 years old			
I am a female older than 55 years old, postmenopausal or have had a hysterectomy			
I currently smoke or have quit within the last 6 months <i>(number of cigarettes smoked per day)</i>			
I have been diagnosed with high blood pressure, or been given prescription medication for hypertension			
I am uncertain of my blood pressure			

Note:  
If your client has answered 'true' to any of these questions, they should consult their physician or other appropriate health care provider before engaging in any exercise as you may need to use a facility with a medically qualified staff.

Note:  
If your client has answered 'true' to two or more of these questions, they should consult their physician or other appropriate health care provider before engaging in any exercise.



I have been diagnosed with high cholesterol, or been given treatment for hypercholesterolemia			
I am uncertain of my cholesterol levels			
I have had a close blood relative have a heart attack (mother or sister under 65 years old, or father or brother under 55 years old)			
I am currently <u>not</u> getting more than 30 minutes of physical activity 3 or more times per week			
I currently have a BMI of more than 25 (i.e. I am 10 or more kg overweight)			
Participant Signature:		Date:	
Instructor Signature:		Date:	