

# PAR-Q

## Physical Activity Readiness Questionnaire

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

*Please read each question carefully and answer every question honestly: (Tick the appropriate answer)*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have a heart condition and should only do physical activity recommended by a physician     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. When you do physical activity, do you feel pain in your chest?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. When you were not doing physical activity, have you had chest pain in the past month?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you ever lose consciousness or do you lose your balance because of dizziness?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Is a physician currently prescribing medications for your blood pressure or heart condition?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are you pregnant?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you know of any other reason you should not exercise or increase your physical activity?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*If you answered yes to any of the above questions, please talk with your doctor **BEFORE** you take part in the Fit4Life programme. Tell your doctor of your intention to exercise and which questions you answered 'yes' to.*

### Formal Declaration

I declare that I have completed this questionnaire fully and honestly. I will inform my Fit4Life Coach if there are any changes in my circumstances. I take part entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation.

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

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