

PAR-Q

Physical Activity Readiness Questionnaire

Taking part in physical activity/exercise is very safe for most people. However, some people should check with their doctor before they start an exercise session. Before taking part in physical activity and/or exercise, please answer 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: please tick **YES** or **NO**.

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| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity/exercise recommended by a doctor? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Is there any history of heart disease in your family? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Do you feel pain in your chest when you do physical activity/exercise? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. In the past month, have you had chest pain when not doing physical activity/exercise? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Do you lose your balance because of dizziness or do you ever lose consciousness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Do you suffer from any of the following: asthma; diabetes; epilepsy; high blood pressure? (if so, please give details overleaf) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Do you have any current injuries or conditions, and if so, are they being treated by a doctor or other health professional such as a physiotherapist? (if so, please give details overleaf) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Do you know of any other reason why you should not do physical activity/exercise? (if so, please give details overleaf) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
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If you answered YES to any of the questions above, please check with a member of staff before taking part in the physical activity or exercise session. It may be necessary for you to be referred to your doctor before taking part in the session. **If you answered NO to all questions**, you can be reasonably sure that you can safely take part in the physical activity or exercise sessions but please ensure that you begin slowly, warm up appropriately and progress slowly.

[**NOTE:** You should be able to swim or at the very least be confident in water to take part in a FloatFit exercise class]

Assumption of Risk: I declare that I have read, understood, and answered honestly all the questions above. I am agreeing to participate in the exercise session (which may include aerobic, resistance, power and stretching exercises) and understand that there may be risks associated with physical activity,

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

NAME SIGNATURE DATE