



Physical Activity Readiness Questionnaire (PAR Q)

Regular physical activity is fun and healthy and on the whole is usually safe and enjoyable for most people. To ensure that your time with Combined Fitness is spent enjoying the benefits of physical activity we must verify that you are in sound physical condition and that you have checked with your doctor (GP) that you are able to participate in any form of exercise. By completing the questionnaire below we will be able to monitor your readiness to participate in physical activity. Please read the questions carefully and answer each one honestly:

- | | 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? | <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 chest pain when you were not 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 that could be aggravated by physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you experience breathlessness during mild exertion? (i.e. day to day regime) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you currently pregnant or have you given birth within the last 6 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you suffer from diabetes? If yes how is it treated?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have high blood pressure? If yes is your GP aware of this?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you suffer from asthma? If yes is it controlled?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you know of any other reason why you should not do physical activity?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of the questions

you must consult your doctor (GP) to ensure that it is safe for you to start an exercise programme with us.

If you answered NO honestly to all PARQ 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.

Please note:

If your health changes so that you then answer YES to any of the above questions, tell your fitness professional or doctor (GP) immediately. Ask whether you should change your physical activity plan.

PAR Q CONSENT

I have read, understood and completed the Physical Activity Readiness questionnaire. Any questions I asked were answered to my full satisfaction. I have either been given my doctor's (GP) permission to participate, or if I have chosen not to obtain my doctor's (GP) permission prior to beginning this exercise program it is at my own risk. I acknowledge, that to the best of my ability I am in good health and have no medical problems that would restrict my ability to participate in this exercise programme

Printed Name:.....

Date:.....

Signature:.....