



PAR-Q

Physical Activity Readiness Questionnaire



Name: _____ D.O.B. _____ Gender: _____
 Contact number: _____ Email: _____
 Next of kin: _____ Emergency number: _____

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES/ NO
2. Do you feel pain in your chest when you do physical activity?	YES/ NO
3. In the past month, have you had chest pain when you were not doing physical activity?	YES/ NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES/ NO
5. 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/ NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	YES/ NO
7. Do you know of any other reason why you should not do physical activity?	YES/ NO

If you answered YES to one or more - Talk with your doctor BEFORE you start. 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 honestly to all PAR-Q questions, you can be reasonably sure that you can:

Take part in any gym based activity and start becoming much more physically active. It is advised too begin slowly and build up gradually as this is the safest and easiest way.

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

Client's signature: _____ Date: _____

Witness signature: _____ Date: _____

Now, let's get it #INtheBAG!