

PAR-Q

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



Name: .

Email:

D.O.B:

Contact number:

Address:

Emergency contact:

Emergency number:

How did you hear about In the Bag?:

Please provide information about exercise history :

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, and follow his/her advice. You may need to restrict your activities to those which are safe for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can take part in physical activity, gradually building up from your current ability level.

Give details of any other conditions and medications:

"I have read and understood this questionnaire. Questions were answered to my full satisfaction."

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Client

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Witness

Now, let's get it #INtheBAG!