

# Physical Activity Readiness Questionnaire (PAR-Q)



## Physical Activity Readiness PART 1

\*Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Postcode: \_\_\_\_\_ \*Email: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

**Please complete all 3 pages.**

If you are planning to take part in an exercise class, start by answering this questionnaire. It is designed to help you to help yourself. Exercise can offer many significant health benefits and improve your quality of life. For most people, physical activity shouldn't pose a problem or risk and answering this questionnaire will help you to consider your currently health circumstances and whether your planned activity is right for you at this time. The questionnaire has been designed to identify the small number of people for whom physical activity may not be appropriate or for those who should seek medical advice concerning the type of activity most suitable for them.

If you are between the ages of 16 and 69, this questionnaire will tell you if you should talk to your doctor before you start the activity. If you are over 69 years of age and you do not usually take part in physical activity, check with your doctor first. If you are under the age of 16 we will require explicit consent from your parent or guardian for you to take part in the activity.

All information on this form will be treated confidentially. For more information see our Data Processing and Privacy Policy at [www.perfectlypilates.co.uk](http://www.perfectlypilates.co.uk)

<b>Health questions: Please read carefully and answer yes or no (Y/N) to the following.</b>		<b>Y/N</b>
1	Has your doctor ever said that you have a heart condition and recommended only medically-supervised activity?	
2	Do you ever feel pain in your chest when you do physical activity?	
3	Have you developed chest pain in the last month, even when not doing physical exercise?	
4	Are you prone to fainting or having dizzy spells?	
5	Do you have a bone or joint problem that could be made worse by exercise, including osteoporosis?	
6	Do you have a back or neck problem whether undiagnosed or diagnosed? If so, please describe the problem and the area where you feel pain/discomfort/limited movement:	
7	Do you have any injuries, recent or old that still cause you problems or have resulted in limited movement, or inability to do weight-bearing exercises? If Yes, please give details...	
8	Do you have any conditions that affect your stamina, strength or weight bearing capabilities? For example, chronic fatigue syndrome or fibromyalgia, arthritis, hypermobility, carpal tunnel syndrome, osteoporosis etc.	
9	If yes to Q8, please give a short description as to how you're affected by the condition and anything you've been advised to avoid by GP, physio or specialist.	
10	Have you ever been told that you have high blood pressure?	

11	Are you currently taking medication? If yes, briefly explain what the medication(s) is for. _____	
11a	If you're taking medication, please list them below: _____ _____	
12	Are you pregnant or have you had a baby in the last 6 months?	
13	Are there any other reasons why you should not take part in physical activity?	
14	If yes, what are the reasons? _____	

**In Case of Emergency contact details:**

Name:	Relationship:	
Address if different from above:		
Phone:	Name of GP:	Address of GP's Surgery:

**Declaration:**

I have read, understood and completed this questionnaire and to the best of my knowledge the information I provided is true.

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you have answered 'Y' to one or more of the above questions:**

You must talk to your doctor before you start becoming more physically active and before you can take part in the Pilates session. Tell your doctor about the questionnaire and the question(s) to which you answered yes. You may be able to do any activity you want, and Pilates is a relatively gentle form of exercise, if you begin slowly and build up gradually over time. You may need to restrict your activities to those that are safe for you. Follow your doctor's advice.

**If you have answered 'N' to all of the above questions:**

You can be reasonably sure that you can start to become more physically active and take part in Pilates. Always begin any new activity slowly and build up gradually.

**IMPORTANT NOTE:** If there any changes to your health or physical capability in the future that would affect your answers to these questions, you must inform your health or fitness professional immediately. Ask whether you should change your physical activity or exercise plan. If you are feeling unwell because of temporary illness such as cold or flu, wait until you are feeling better before taking part in physical activity.

Thank you

*Sarah*

**PTO**

## Physical Activity Readiness PART 2

### Informed Consent Form for Participants

Our exercise programmes are designed to improve muscle tone and strength, endurance and flexibility and may include physical activities such as stretching, using weights and using equipment.

When participating in activity/exercise you are likely to experience different levels of intensity over varying lengths of time. As a result you may experience quicker breathing patterns and become hot, as well as feelings of awkwardness depending on your experience or level of fitness.

Each part of the activity/exercise you participate in will be fully explained, you are strongly advised to ask questions if you are not clear about anything.

Most exercise programmes contain certain risks; muscle pulls, joint strains, aches, pains and general discomfort from parts of the body not previously used. If at any time you feel any pain or discomfort, stop performing the activity and notify the Instructor. Likewise, if you feel that you should not do a particular exercise for any reason you must inform the Instructor.

Prior to taking part in activity/exercise sessions you are advised to complete a health questionnaire or physical activity readiness questionnaire (PAR-Q) Part 1 above, if you answer Yes to any of the questions you are strongly recommended to consult your GP prior to continuing. There are many activities you may still be able to do. You are advised to start slowly and increase your level of activity slowly, whatever level you are currently at.

By signing this document, I understand that I undertake of associated activities voluntarily and accept full responsibility for my physical wellbeing and limitations, and I will not hold the Instructor to account for any injury that may occur.

I have read and understood the conditions and risks of participation and I consent to voluntarily take part in the activities required. I realise I am free to withdraw my consent and withdraw from the activities at any time, without negative consequences.

I understand that relevant sections of any of my medical notes and data collected during the activities may be looked at by the tutor/assessor/internal verifier where it is relevant to my taking part in this session and I give permission for these individuals to have access to my records.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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

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To help us to understand which marketing techniques are effective, please tell us where you heard about our classes: \_\_\_\_\_