Physical Activity Readiness Questionnaire (PAR Q) Short version

REPs
The Register of
Exercise Professionals

Client Name: _____ DoB: _____

Address: _____

_____

Email: _____ Phone: _____

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 significantly change you physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating **YES** or **NO**.

What are your main reasons for starting a fitness programme?	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	☐	☐
Do you feel pain in your chest when you do physical activity?	☐	☐
In the past month, have you had a chest pain when you were not doing physical activity?	☐	☐
Do you lose balance because of dizziness or do you ever lose consciousness?	☐	☐
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?	☐	☐
Is your doctor currently prescribing medication for your blood pressure or heart condition?	☐	☐
Do you know of **any other reason** why you should not take part in physical activity?	☐	☐
If YES, please comment:		

If you answered YES to one or more questions:
You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to one or more questions:
It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.
A fitness appraisal can help determine your ability levels.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: _____ Print name: _____ Date: _____

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: _____ Date: _____

Note: This PAR Q becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.