

## HEALTH QUESTIONNAIRE

This Physical Activity Readiness Questionnaire (PAR-Q) is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problems or hazard. This form has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly: check YES or NO.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has your doctor ever said 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 a chest pain when you were not doing physical activity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you lose 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 (for example, back, knee, or hip) that could be made worse by a change in your physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your doctor currently prescribing medication for your blood pressure or heart condition?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you know of any other reason why you should not do physical activity?<br>If yes, please comment: .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| .....  |                          |                          |
| .....  |                          |                          |

**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.

**NO to all questions:** You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level. A full fitness appraisal can help to determine your fitness level.

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.

Client name: .....

Client signature: ..... Date:

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

Signature: ..... Date:

**Note:** This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 7 questions