

# Physical Activity Readiness Questionnaire (PAR Q) Short version



The Register of  
Exercise Professionals

## When using this form, you need to state:

- Why you are collecting this information.
- What you are going to do with this information (how you will store this).
- Your policy for destroying this information (within a period of time or once the client has left).

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 your 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?          | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel pain in your chest when you do physical activity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| In the past month, have you had a chest pain when you were not doing physical activity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you lose balance because of dizziness or do you ever lose consciousness?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| Is your doctor currently prescribing medication for your blood pressure or heart condition?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you know of <b>any other reason</b> why you should not take part in physical activity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 any of the 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 should your condition change.