

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NameAddress

Telephone Email

Emergency Contact Details

Please "Circle" the appropriate answer to the following:

AGE GROUP: 16-25 25-35 35-45 45-60 60+

How many times a week do you usually exercise? None 1-2 3-4 5-6 7+

Please answer Yes or No to the following questions:

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 ever feel pain in your chest when you do physical activity? YES/NO
3. Have you ever 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/feel faint? YES/NO
5. Are you currently taking any medication that your instructor should be made aware of? If so, what and why YES/NO
6. Do you have a joint or back problem which could be made worse by exercise? YES/NO
7. Are you pregnant or have you had a baby in the last 6 months? YES/NO
8. Do you know of any other reason why you should not participate in physical activity? If so, what reason? YES/NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS AND ARE CONCERNED ABOUT DOING EXERCISE, PLEASE SPEAK TO YOUR GP BEFORE STARTING AN EXERCISE PROGRAMME TO CHECK IT IS SAFE FOR YOU TO EXERCISE.

DECLARATION

If you have answered no to all questions you can be sure that you can start to become more physically active and take part in a suitable exercise programme. Do begin slowly and build up gradually!

By taking part in an exercise class and signing this declaration you are confirming that you have read and understood this PAR-Q form. Participants take part in exercise at their own risk.

If your doctor has recommended that you avoid any particular exercise, please make sure you inform your Pilates instructor. If your health changes subsequently so that you answer YES to any of the above questions, please inform your instructor immediately.

I have read, understood and completed this questionnaire to the best of my knowledge, and have read and accept the terms and conditions.



Signature: Date: