



## Physical Activity Readiness Questionnaire (PAR-Q)

Our PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a 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. The PAR-Q 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 in answering these few questions. Please read the statements carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

<u>QUESTION</u>		<u>YES</u>	<u>NO</u>
1. Has your doctor ever said you have heart trouble? If yes, please state:			
2. Do you frequently have pains in your heart and chest? If yes, please state:			
3. Do you often feel faint or have spells of severe dizziness? If yes, please state:			
4. Has a doctor ever said your blood pressure was too high? If yes, please state:			
5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? If yes, please state:			
6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? If yes, please state:			
7. Are you or have you been pregnant in the last 6 months?			
8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness? If yes, please state:			
9. Are you currently taking any medications? If YES, please specify.			
10. Do you currently have a disability or a communicable disease? If yes, please state:			
Your phone number	Emergency Contact number	Email address	

If you answered **NO** to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise.

If you answered **YES** to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities.

I have read, understood and completed this questionnaire to the best of my ability. I will inform SSWC of any changes or medical problems that may arise in the future.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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