Physical activity readiness questionnaire

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR­Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

|  |  |  |
| --- | --- | --- |
| 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 feel pain in your chest when you do physical activity? | YES | NO |
| 3. In the past month, have you 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? | YES | NO |
| 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? | YES | NO |
| 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions? | YES | NO |
| 7. Do you know of any other reason why you should not do physical activity? | YES | NO |

If you answered YES to one or more questions, talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal.

Tell your doctor about the PAR­Q and which questions you answered YES.

You may be able to do any activity you want ­ as long as you start slowly and build up gradually.

Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice

find out which community programmes are safe and helpful for you.

**Disclaimer**

I accept all responsibility for any injuries that may occur from taking part in physical exercise.

Furthermore, I fully release from liability and waive all legal claims against Kate Thorne PT for injury or damage that I might incur during physical activity during the group session.

Client Name:

Client Signature:

Date: