**PARQ**

Your logo here

**Physical Activity Readiness Questionnaire**

While regular physical activity is healthy it’s important that you are first properly assessed before taking on any form of training. To do this, it’s important that you complete this questionnaire truthfully and as comprehensively as possible. If you haven’t been active for long periods of time or if you are over the age of 69, you should also check with your doctor that it’s safe for you to increase your activity levels. Please note that all information in this form is treated with the strictest confidentiality.

**Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Full address** |  |
| **Email** |  |
| **Contact number** |  |

|  |  |  |
| --- | --- | --- |
| **Questions** | **YES** | **NO** |
| **Do you have any form of heart condition or has a doctor said you can only partake in a physical activity recommended by them or with their permission?** |  |  |
| **While performing any physical activity, have you ever felt pains in your chest?** |  |  |
| **During the past 30 days have you had chest pains at any time, not necessarily while doing something physical?** |  |  |
| **Do bouts of dizziness affect your balance? Have you ever passed out?** |  |  |
| **Do you struggle with problems with your hips, back or knees, particularly pain in your joints or bones in these areas, or when you are physically active?** |  |  |
| **Are you taking medication for blood pressure or a heart condition prescribed by a doctor?** |  |  |
| **Have you had surgery in the last 6 months? If so, can you explain what surgical procedure took place?** |  |  |
| **Are you currently pregnant or have you given birth to a child in the last 6 months?** |  |  |
| **Can you think of any other reason that would stop you from taking part in physical activity such as working out in a gym setting?** |  |  |
| **If you answered YES to the question above, please elaborate further.** |  |  |

If any of your answers were **YES** to these questions, you should first consult with your doctor **BEFORE** your fitness appraisal or any workouts take place.

An answer of yes doesn’t necessarily preclude you from working out but it’s important to tell your doctor which of the answers you marked as yes. Either your doctor will give you the go-ahead to start but by building up from a slow and measured start or they may suggest you partake in exercises that are safe for you. ALWAYS follow the advice that they give.

If all of your answers were **NO** to these questions, it should be safe for you to go ahead with a fitness appraisal and then onto a workout program based on your current fitness level. Note, your blood pressure reading will form part of the appraisal and should it be deemed on the high side, you will need to get clearance from your doctor to workout.

**TAKE NOTE:** Should your health change and any of these answers change from a **NO** to a **YES**, you MUST inform your personal trainer immediately.

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I have not only read and understood this questionnaire and what is expected of me in filling it out, but I have completed it truthfully to the best of my knowledge. If I answered yes to any of the questions, I confirm that I have received the go-ahead from my doctor to partake in a fitness assessment and then an exercise program based on my fitness level. My participation in this exercise program comes with the risk of injury.

**Full Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_