

PAR-Q + 2019 *(adapted)*

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor before becoming more physically active.

Name: _____	DOB: ___/___/___	Occupation: _____
Tel: _____	Mobile: _____	
Email: _____	Mailing List Opt In: <input type="checkbox"/>	
Emergency Contact Name & Number: _____		

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully & answer each honestly with Yes or No	YES	NO
1. Has your doctor ever said that you have a heart condition <input type="checkbox"/> or high blood pressure <input type="checkbox"/> ?		
2. Do you feel pain in your chest at rest, during your daily activities of living OR when you do physical activity?		
3. Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? <i>Please answer NO if your dizziness was due to over-breathing during exercise.</i>		
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST HERE _____		
5. Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST HERE _____		
6. Do you currently have (or have had in past 12months) a bone, joint, or soft tissue problem that could be made worse by coming physically active? <i>Please answer NO if you had a problem in the past, but it does not currently limit your ability to be physically active.</i> PLEASE LIST CONDITIONS HERE _____		
7. Has your doctor ever said that you should only do medically supervised physical activity?		

If you have answered NO to all of the questions above, you are cleared for physical activity.

Please sign the **Participant Declaration** below. You do not need to fill in Pages 2 & 3

- It is advised that you consult your fitness professional to proceed safely
- Start slowly & build up gradually
- As you progress, aim to accumulate 150 minutes+ of moderate physical activity a week.
- If you are over the age of 45 and NOT accustomed to regular, vigorous activity, consult your fitness professional before starting a programme.


PARTICIPANT DECLARATION


I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. If appropriate I have taken doctors advice on the suitability of the classes for me. I also acknowledge that the fitness instructor will retain this information in paper form following the General Data Protection Regulations & ensure confidentiality of personal information at all times.

I TAKE FULL RESPONSIBILITY FOR MYSELF DURING FITNESS CLASSES & EXERCISE AT MY OWN RISK.

Name: _____ Date: _____

Signature: _____ Witness: _____

 Delay becoming physically active if you have a temporary illness such as a cold, you are pregnant, or your health changes & you have yet to get a medical consultation.

 If you answered **YES** to one or more of the questions above, Complete pgs 2-4

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	FOLLOW UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)	YES	NO
1	Do you have arthritis, osteoporosis or back problems? <i>If yes- answer 1a -1c, if no go to question 2</i>		
1a	Do you have difficulty controlling your condition with medications or prescribed therapies?		
1b	Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra eg:spondylosis?		
1c	Have you had steroid injections or taken steroid tablets regularly for more than 3 mths?		
2	Do you currently have cancer of any kind? <i>If yes- answer question 2a, if no go to question 3.</i>		
2a	Are you currently receiving cancer therapy?		
3	Do you have a heart or cardiovascular condition? <i>If yes-answer question 3a-d, if not go to question 4.</i>		
3a	Do you have difficulty controlling your condition with medications or prescribed therapies?		
3b	Do you have an irregular heart beat which requires medical management?		
3c	Do you have chronic heart failure?		
3d	Do you have diagnosed coronary artery(cardiovascular) disease & have not participated in regular physical activity in the last 2 months?		
4	Do you have have High Blood Pressure? <i>If yes- answer question 4a-b, if no go to question 5.</i>		
4a	Do you have difficulty controlling your condition with medications or prescribed therapies?		
4b	Do you have resting blood pressure greater than 160/90mmHg with or without medication?		
5	Do you have any metabolic conditions e.g.: any type of Diabetes? <i>If yes- answer question 5a-e, if no go to question 6.</i>		

5a	Do you often have difficulty controlling your blood sugar levels with food, medication or prescribed therapies?		
5b	Do you often suffer from symptoms of low blood sugar following exercise or during normal living? Such as shakiness, nervousness, abnormal sweating, light-headedness or sleepiness?		
5c	Do you have any symptoms of diabetes complications such as heart or vascular disease or complications affecting your eyes, kidneys or sensation in your toes or feet?		
5d	Do you have other metabolic conditions (such as pregnancy related diabetes, chronic kidney disease or liver problems?)		
5c	Are you planning to engage in unusually high intensity exercise in the near future?		
6	Do you have any Mental Health Problems or Learning Difficulties? <i>The includes Alheimers, Dementia, Anxiety, Eating Disorder or Psychotic Disorder?</i> <i>If yes answer question 6a, if no go to question 7.</i>		
6a	Do you have difficulty controlling your condition with medications or prescribed therapies?		
7	Do you have any respiratory disease including COPD, Asthma, Pulmonary High Blood Pressure? <i>If yes answer question 7a-d, if no go to question 8.</i>		
7a	Do you have difficulty controlling your condition with medications or prescribed therapies?		
7b	Has your doctor ever said that blood pressure is low at rest or during exercise & you require oxygen therapy?		
7c	If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, constant cough or have you used your rescue medication more than twice in the last week?		
7d	Has your doctor ever said you have high blood pressure in your lungs?		
8	Do you have a Spinal Cord Injury? <i>If yes answer question 8 a-c, if no go to question 9.</i>		
8a	Do you have difficulty controlling your condition with medications or prescribed therapies?		
9	Have you ever had a Stroke? <i>This includes Transient Ischaemic Attacks or Cerebrovascular Event.</i> <i>If yes answer questions 9a-c, if no go to question 10.</i>		
9a	Do you have difficulty controlling your condition with medications or prescribed therapies?		
9b	Do you have any impairment in walking or mobility?		

9c	Have you had a stroke or nerve or mobility impairment in the last 6months?		
10	Do you have any other medical conditions not listed above or 2 or more of these medical conditions? <i>If yes answer question 10a-c, if no read the recommendations on page 4.</i>		
10a	Have you experienced a blackout, had concussion, fainted, or lost consciousness as a result of a head injury within the last 12mnths?		
10b	Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems etc?)		
10c	Do you currently live with 2 or more conditions?		


Please list your medical conditions here & related medications.

See below for recommendations about your current medical condition(s) and sign the **PARTICIPANT DECLARATION**.

If you answered NO to all of the FOLLOW-UP questions (pgs 2-4) about your medical condition, you are ready to become more physically active- sign the **PARTICIPANT DECLARATION** below:

- It is advised that you consult your fitness professional to proceed safely
- Start slowly & build up gradually
- As you progress, aim to accumulate 150 minutes+ of moderate physical activity a week.
- If you are over the age of 45 and NOT accustomed to regular, vigorous activity, consult your fitness professional before starting a programme.

If you answered **YES** to one or more of the FOLLOW-UP questions about your medical condition: You should seek further information before becoming physically active.

 Delay becoming physically active if you have a temporary illness such as a cold, you are pregnant, or your health changes & you have yet to get a medical consultation.

PARTICIPANT DECLARATION

All persons who have completed the PAR-Q+ please read & sign the declaration below.
 I, the undersigned, have read & understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. If appropriate I have taken doctors advice on the suitability of the classes for me. I also acknowledge that the fitness instructor will retain this information in paper form following the General Data Protection Regulations & ensure confidentiality of personal information at all times.

I TAKE FULL RESPONSIBILITY FOR MYSELF DURING FITNESS CLASSES & I ACCEPT THAT I EXERCISE AT MY OWN RISK.

Name: _____ Date: _____

Signature: _____ Witness: _____