

## Physical Activity Readiness Questionnaire (PARQ)

If you are planning to take part in physical activity or exercise you need to answer the questions below. This questionnaire is suitable for people aged 35-69. Anyone over 69 who is not physically active should talk to their doctor before commencing.

You must be as honest and accurate as you can. All information will be treated as strictly confidential.

	Question	Yes	No
1	Has your doctor ever said you have a heart condition or said that you should only do physical activity recommended by a doctor?		
2	Do you ever feel pain in your chest when you do physical activity?		
3	Have you ever had chest pains when you were not doing physical activity?		
4	Do you ever feel faint or have dizzy spells?		
5	Do you have any joint or bone problem that could be affected by exercise?		
6	Have you ever been told that you have high blood pressure?		
7	Are you currently taking any medication (other than birth control)? If Yes, please detail on reverse of this sheet		
8	Are you pregnant or have you had a baby in the last six months?		
9	Are you aware of any reason why you should not exercise? If Yes, please detail on reverse of this sheet		
10	Has your father, mother, sister, brother ever suffered a heart episode or condition before the age of 65? If Yes, please detail on reverse of this sheet		

If you have answered Yes to any of these questions you should make your instructor aware of as much detail as possible, and you may be asked to talk to your doctor before commencing an exercise programme. If you have not previously been physically active you must ensure that you start gradually and always tell your instructor if you feel unwell at any time.

If you have answered No to all the questions you can be reasonably sure that you can start an exercise programme which allows you to start gradually and build up intensity over time.

Please note, if you are unwell or if the answer to any of the above questions changes in the future it is important to let your instructor know and to moderate your exercise if appropriate.

I confirm that I have read, understood and fully completed this questionnaire to the best of my knowledge	
Name :	
Signature:	
Date:	
Instructor Name:	
Instructor Signature:	

