

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly: check YES or NO.

**If you are pregnant or have had a baby in the last 12 months, please also fill in pages 2 and 3.**

PLEASE TICK EITHER YES OR NO					
1.	Has your doctor ever said 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 a 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 medication for blood pressure or a heart condition?	YES		NO	
7.	Do you know of any other reason why you should not do physical activity? If YES please comment. _____	YES		NO	

**If NO to all questions:**

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal may help to determine your ability levels.

**Please read and sign below.**

**I have read, understood and accurately completed this questionnaire.**

**I confirm that I am voluntarily engaging in an acceptable level of exercise and my participation involves a risk of injury.**

**I understand that Fit My Life (Georgina Mackie and Danielle Blanchard) accepts no responsibility for the safety of babies/infants in this or any Fit My Life class.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**If YES to one or more questions**

You should consult with your doctor to clarify it is safe for you to become physically active at this current time and in your current state of health.

**Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PAR-Q Continued (Pre/Post-Natal)

<b>Name</b>		
Date of birth		
Occupation		
Baby's due date or date of birth		
Partner's name		
Address		
Contact telephone		
<b>Doctor's name</b>		
Surgery Address		
Telephone number		
<b>Areas of Interest (Please tick)</b>		
Nutrition	Weight gain	Exercise
Breast feeding	Changes during pregnancy	Other
<b>History</b>		
Please give us some detail about your previous exercise:		
<b>Have you experienced any of the following, past or present? Please tick any that apply:</b>		
Shortness of breath	Heart disease	Diabetes
Chest pain	Hypoglycaemia	Multiple births
Miscarriage	Pelvic/abdominal cramps	High blood pressure
Eating disorder	Vaginal bleeding	Knee problems or pain
Seizures	Arthritis	Back problems or pain
Vaginal disorder	Incompetent cervix	Neck problems or pain
Blood disorder	Multiple gestation	

<b>Is there anything in your medical history that you feel could affect your ability to exercise?</b>		
<b>Are you taking any medications?</b>	Yes	No
<i>If yes, please list.</i>		
<b>Is there anything about your pregnancy or birth you feel is relevant to your participation in an exercise programme?</b>		
<b>What concerns you most about pregnancy, birth or the postnatal period?</b>		
<b>What are your goals for participating in exercise?</b>		
<b>For postnatal only</b>		
Date baby was born		
Type of delivery		
Do you have any Diastasis Recti? (Split tummy muscles?)	Yes	No/Don't Know
Did you have an episiotomy?	Yes	No
Are you breast-feeding?	Yes	No
Are you getting up at night?	Yes	No
Are you napping during the day?	Yes	No
<b>Signature</b>		
<b>Print name</b>		
<b>Date</b>		