

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE & YOU (PAR Q)

Being more active is very safe for most people however some people should check with their doctor before they start becoming much more physically active.

PAR Q is designed to identify the smaller number of adults for whom physical activity might be inappropriate or those who should seek medical advice concerning the type of activity most suitable for them.

If you are over 69 and you are not used to being very active, please check with your doctor.

Common sense is the best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have any kind of heart condition/angina?
Did the doctor recommended you start participating in this type of exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity or have
felt pain recently? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing drugs (ie water pills) for your blood pressure
or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have low/ high blood pressure or cholesterol? If so which?
Are you on medication for this? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there any history of coronary heart disease in the family? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose balance because of dizziness or do you often feel faint? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been diagnosed with any kind of vertigo or problems with the inner ear? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from epilepsy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from diabetes? If so; Is this controlled by diet/tablets/ insulin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from asthma? Do you need inhalers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from shortness of breath at rest? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been in hospital or had any operations/ surgery recently?
Hysterectomy/ Prolapse etc? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or is there any possibility you could you be pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from any form of blood disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently or in the last 12 months received any treatment for any cancer
related illness? Chemotherapy? Radiotherapy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from cramp? Legs/ feet? |

- Are you allergic to or ever had a reaction to latex?
- Have you been diagnosed with Osteopenia or Osteoporosis?
Are you on any medication for this?
- Have you had a dexa scan and how recent? Which part of the body is affected?
Hip/ Spine? Do you know your bone mineral density score?
- Do you suffer from any bone or joint problem which causes a mobility problem
or reduced movement in a joint?
- Have you had any joint replacements – Hip/ Knees?
If so; How long ago? Have you had any problems with the joint since surgery?
- Have you been diagnosed with hypermobility?
If so; has a GP or physio given you a score indicating how hypermobile you are?
- Have you ever suffered from or have a frozen shoulder or any shoulder injury?
How long ago? Are you fully recovered?
If frozen shoulder; which phase are you currently in? Have you had treatment?
Been referred to a physio?
- Have you ever suffered from any tears or injury to any ligaments?
Give further details.
- Have you ever suffered from or have golfers elbow/ tennis elbow? Which one?
- Do you suffer from Rheumatoid or Osteo- arthritis? Which?
When were you diagnosed? Are you on medication?
Do you suffer with flare ups? How often?
- Do you suffer from **any** kind of back pain?
Which part of back – Upper/ Middle/ Lower?
- Is this **non-specific** back pain which you have treated yourself?
- Have you had a diagnosis from a doctor/GP/Physio for a specific back problem
or pain? I.e. Trapped Nerve/ Herniated Disk/ Spinal Stenosis/ Spondylolisthesis/
Piriformis Syndrome? If disk problems – which section/vertebra of the spine
is affected?
- Has this condition caused sciatica?
On a pain scale (none) 1-10 (severe) how would you rate your pain?
Are there any movements or activities which aggravate or make the sciatica
worse?
- Have you been referred to a physio or osteopath for your back condition?
How recent? Are you still seeing them?
- Have you had surgery or on a waiting list for any surgery on your back?
- Do you take any medication on a regular basis for any condition which is NOT listed

above?

- Have you had a positive test for Covid 19? If so: How long ago? Are you fully recovered?
- Have you been diagnosed with Long covid? Are you still receiving treatment? If so; What treatment/ medication are you receiving and how often? How long ago were you diagnosed?

If you have answered NO honestly to all the questions then you can be reasonably sure that you can start to become more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

If you are not feeling well due to a temporary cold or fever then you should avoid exercising until you feel better.

If your health changes so that you would then answer YES to any of the above questions then please advise your fitness instructor immediately.

If you have answered YES to any questions you must talk to your doctor by phone or in person before you start becoming more physically active and obtain their advice and if necessary written proof of this may be needed.

I have read, understood and completed the questionnaire. I confirm that I have/ have not sought advice from my GP or specialist consultant before commencing this exercise programme and have revealed, to the best of my knowledge, anything which may affect me as a result of exercise. If I choose not to consult my GP, I do so at my own risk and participating in any physically activity I am unable to hold any person liable for any injury or even possible death.

- Some classes may involve using equipment such as mats, bands, hand weights or balls. If you prefer not use these then please advise the instructor. You are asked to use the equipment responsibly and as per the instructors instructions.
- Photos may be taken during the class to use for future advertising/marketing of the class, if you prefer not to be shown in these then please advise the instructor.
- All data will be held confidentially in line with the current data protection act. Please tick the box if you prefer not to be contacted about future classes or newsletters

Name _____ Signed: _____ Date: _____

Instructor Notes /Advice Given:

Name: _____

Address: _____

Tel: _____

Email: _____

Date Of Birth: _____

Occupation: _____

Does your work involve physical activity? _____

Do you exercise less than 3 times a week? _____

Do you have any hobbies/ pastimes which involve physical activity such as gardening/
Walking etc. _____

Emergency Contact:

Name: _____ Tel: _____