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**PHYSICAL ACTIVITY READINESS**

**QUESTIONNAIRE (PAR-Q)**

If you are planning to take part in physical activity or an exercise class, firstly answer these questions below. If you are aged between 15 and 69 years the questionnaire will tell you if you should consult with your doctor before you start. If you are over 69 years of age, and you are not used to being active, check with your doctor.

**All information will be treated confidentially. Please circle the answer appropriate.**

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 ever feel pain in your chest when you do physical activity? **YES/NO**
3. Have you ever had chest pain when you were not doing physical activity? **YES/NO**
4. Do you ever feel faint or have spells of dizziness? **YES/NO**
5. Do you have a joint problem that could be made worse by exercise? **YES/NO**
6. Have you ever been informed that you have high blood pressure? **YES/NO**
7. Are you currently taking any medication of which your instructor should be made aware of? **YES/NO**

**If yes what are the medications?**

1. Are you pregnant or have you had a baby in the last six months? **YES/NO**
2. Is there any other reason why you should not participate in physical activity? **YES/NO**

**If yes what are these reasons?**

**If you have answered ‘YES’ to one or more of these questions:**

**It is advised you talk to your doctor by phone or in person before you begin** to become more physically active. Inform your doctor about the questionnaire and questions you have answered **yes** to. You may be able to do any activity you want as long as you begin slowly and progress gradually, or you may need to do specified activities which are safe for you…….

Discuss with your doctor the kind of activity you wish to participate in and follow his/her advice, this is detrimental to your health.

**If you have answered ‘NO’ to all questions:**

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember – **begin slowly and progress gradually**.

**Please note: If your health changes** **it is imperative that you inform your fitness or health professional** **immediately**. Query whether you should change your physical activity or exercise plan. Delay becoming more active if you feel unwell because of temporary illness such as cold or flu – wait until you are better.

KFit Kinaesthetic Fitness (KARA SHAW) assumes no liability for any persons undertaking physical activity, if in doubt consult with your doctor prior to taking part.

**Before participating in any fitness assessment or exercise programme I have read, fully understand and completed this questionnaire.**

**All questions have been answered to the best of my knowledge.**

|  |  |
| --- | --- |
| **Print Name:** | **Signature:** |
| **Date of Birth:** | |
| **Address:** | |
| **Email:** | |
| **Contact number:** | |
| **Date:** | |
| **Emergency contact** | |
| **Name:** | |
| **Contact number:** | |
| **Doctor** | |
| **Name:** | |
| **Address:** | |
| **Tel number:** | |
| **Additional medical questions** | |
| Why has the client been referred? | |
|  | |
| How long have they had this condition? | |
|  | |
| In what ways does the condition affect them? | |
|  | |
| How long have they been taking medication for the condition? | |
|  | |
| How often do they take their medication? | |
|  | |
| How does their medication affect them? | |
|  | |
| Are there any history of this or other conditions in the family? | |
|  | |

**Attach a copy of patient referral form if applicable.**