

Physical Activity Readiness Questionnaire (PAR-Q)

This questionnaire is for participants aged 15 - 69, if you require an alternative questionnaire please contact me on 07764 199380.

Please read the following questions and answer each one honestly.

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month have you had chest pain while you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by physical activity?		
Is your doctor currently prescribing drugs for your blood pressure or heart condition?		
Are you pregnant or recently had a baby?		
Have you had any recent injuries or operations? If YES please give details:		
Do you know of any other reason why you should not do physical activity?		

If you answered YES to one of more questions, please talk to your Doctor or Health Professional BEFORE you join the Pilates class. It is your responsibility to gain professional approval, if you would like a letter template for your doctor please call me on 07764 199380.

Please note: If your health changes so that you would then answer YES to any of the above questions please speak to me and contact your Doctor/Health Professional in case we need to adapt your sessions.

I have read, understood and completed this questionnaire.

Name: _____

Signature: _____ Date: _____

Address: _____

Contact number: _____ Mobile: _____

Email: _____

Any further information, or if you have answered YES to any of the above questions, but do not have a letter of approval from your healthcare professional. Please give your written consent to exercise below: