

### **Momentum Physical Training Physical Activity Readiness Questionnaire (PAR-Q)**

Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical exercise in your life.

For most people, physical activity should not pose any problem or hazard. The PAR-Q is designed to identify the small 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.

1. Do you have a bone or joint problem such as arthritis, which has been aggravated by exercise or might be made worse with exercise?	<b>YES</b>	<b>NO</b>
2. To your knowledge, do you have high blood pressure?	<b>YES</b>	<b>NO</b>
3. To your knowledge, do you have low blood pressure?	<b>YES</b>	<b>NO</b>
4. Do you have Diabetes mellitus or any other metabolic disorder?	<b>YES</b>	<b>NO</b>
5. Has your doctor ever said that you have raised cholesterol (serum level above 6.2mmol/L)?	<b>YES</b>	<b>NO</b>
6. Do you have or ever suffered a heart condition?	<b>YES</b>	<b>NO</b>
7. Have you ever felt pain in your chest when you do physical exercise?	<b>YES</b>	<b>NO</b>
8. Is your doctor currently prescribing you drugs or medication?	<b>YES</b>	<b>NO</b>
9. Have you ever suffered from shortness of breath at rest or with mild exercise?	<b>YES</b>	<b>NO</b>
10. Is there any history of Coronary Heart Disease within your family?	<b>YES</b>	<b>NO</b>
11. Do you ever feel faint, have spells of dizziness or have ever lost consciousness?	<b>YES</b>	<b>NO</b>
12. Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women (1 unit = ½ pint of beer/cider/larger or 1 small glass of wine))	<b>YES</b>	<b>NO</b>
13. Do you currently smoke?	<b>YES</b>	<b>NO</b>
14. Do you <b>NOT</b> currently exercise regularly (at least 3 times per week) and/or work in a job that is physically demanding.	<b>YES</b>	<b>NO</b>
15. Are you, or is there any possibility that you might be pregnant?	<b>YES</b>	<b>NO</b>
16. Do you know of any other reason why you should not participate in a programme of physical activity?	<b>YES</b>	<b>NO</b>

If you have answered YES to any of the above please give

details:.....  
.....  
.....

#### **If you answered YES to one or more questions:**

If you have not already done so, consult with your doctor by telephone or in person before increasing your physical activity and/ or taking a fitness appraisal. Inform your doctor of the questions that you answered 'yes' to on the PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your doctor as to your suitability for:

1. Unrestricted physical activity starting off easily and progressing gradually, and ...
2. Restricted or supervised activity to meet your specific needs, at least on an initial basis.

#### **If you answered NO to all questions:**

If you answered the PAR-Q honestly and accurately, you have reasonable assurance of your present suitability for:

1. A graduated exercise programme
2. A fitness appraisal.

#### **Assumption of Risk**

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching.

I realise that my participation in these activities involve the risk of injury and even the possibility of death.

I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Client's Name (Print):	Trainer's Name: Tom Mayes
Client's Signature:	Trainer's Signature:
Date:	Date:

Additional Note: I have taken medical advice and my doctor has agreed that I should exercise.

Signature:..... Date:.....