

Pre Activity Readiness Questionnaire Form (PAR-Q-Form)

Personal Details

Title	Forename	Surname
Date of Birth	DD MM YYYY	Age Male/Female *delete as appropriate
Address		
Town	County	Postcode
Email		
Tel Home		Tel Mobile
Emergency Contact	Tel	

Medical Questions

*Answer the following questions as honestly as you can and provide as much relevant additional information. Answer the following questions by placing a tick in either the **Yes** or **No** boxes (if you should answer **Yes** to any of the questions please provide further information in the space provided)*

Do you currently or have you ever suffered from any of the following conditions?

1) Heart problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , please provide details below
2) Circulatory problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<div style="height: 150px;"></div>
3) Blood pressure problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4) Joint, movement problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5) Feel dizzy or imbalance during exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6) Currently pregnant or recently given birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Health History

Do you currently receive medical care or do any of the following affect you?

7) Back/spinal pain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , please provide details below
8) Headaches or migraines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<div style="height: 150px;"></div>
9) Have you recently had surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10) Currently being prescribed medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11) Recently finished a course of medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12) Diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13) Asthma or breathing problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Is there is any other reason that you believe may prevent you from taking part in any regular activity?

Declaration

I have answered all question in this form honestly and I am aware that if I have answered **yes** to any of the questions I will need to consult my GP before commencing an exercise program if I am affected by any of the questions mentioned in this form or at a later date I agree to inform my personal trainer or instructor on any changes in health or fitness.

Signed:	Print Name:	Date: ___ / ___ /20 ___
Instructor:	Print Name:	Date: ___ / ___ /20 ___

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Pre Activity Readiness Questionnaire & Health History Action Required for YES Responses

What is the PARQ and why do I need to complete it?

The PARQ (Pre Activity Readiness Questionnaire) is an industry-standard for fitness professionals and fitness facilities to use when screening clients for exercise.

The reason for doing this is to ensure you (the client) is healthy and will not be put at risk from taking part in a fitness programme or regular exercise.

Fitness professionals are not medical professionals and cannot commence a fitness programme with a client who has provided positive responses to a PARQ. In this case, the client will be referred to their local GP to ensure they are ready for exercise.

A yes to the first 6 questions on the PARQ form overleaf will normally result in a referral to your GP however a YES response to questions 7 to 13 depending on the circumstances of each question will not normally require GP consent.

The guide below is our policy and we must enforce on all occasions with no exceptions.

Action Required for YES Responses to PAR-Q Questions

- 1) *Heart problems?* **Refer to GP**
- 2) *Circulatory problems?* **Refer to GP**
- 3) *Blood pressure problems?* **Check blood pressure**
 - o If blood pressure is lower than 160/95 mmHg no referral is necessary
 - o If blood pressure is between 140/90 and 160/95 induct on CV only (Advice to see Doctor)
 - o If blood pressure is between 160/95 and 180/100 accept on GP referral only
 - o If blood pressure is 180/100 or higher will not be accepted
- 4) *Joint, movement problems?* **Refer to GP**
- 5) *Feel dizzy or imbalance during exercise?* **Refer to GP**
- 6) *Currently pregnant or recently given birth?* **Ask more questions about pregnancy/birth:**
 - o If pregnant and after the first three months, no referral is necessary
 - o If pregnant, within the first three months and was exercising regularly before became pregnant, no referral is necessary
 - o If pregnant within the first three months and not already exercising regularly, refer to GP
 - o If had a natural birth less than 6 weeks ago refer to GP
 - o If had caesarean section less than 10 weeks ago refer to GP

Action Required for YES Responses to Health History Questions

- 7) *Back/spinal pain?* Find out limiting factors, i.e. movement and pain. If in doubt refer to GP
- 8) *Headaches or migraines?* Be aware that people who suffer from headaches on a regular basis may develop a headache caused by exercise while exercising.
- 9) *Have you recently had surgery?* Find out how recent surgery was and what it was if very recent refer to GP.
- 10) *Currently being prescribed medication?* Find out more information about the medicine and possible side effects, if in doubt refer to GP
- 11) *Recently finished a course of medication?* Find out about medication that was taken, if in doubt refer to GP
- 12) *Diabetes?* Not a limiting factor but will need to be aware of the condition, encourage them to carry a snack and ideally, they should take their blood sugar level before and after exercise. Best not to exercise if their level is too low or too high immediately before exercising. Ensure the client drinks plenty of water before, during and after exercise. If in doubt, refer to GP.
- 13) *Asthma or breathing problems?* If the inhaler is required, ensure they have it with them and re-schedule induction if they don't.