



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Age _____ Gender _____

Contact number _____ Email _____

Next of kin _____ Contact number _____

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

For most people, physical activity should not pose a problem or hazard.

The PAR-Q has been designed to identify the small number of people for whom physical activity might be inappropriate, or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these questions.

1. Has your doctor ever said that you have a heart condition and that you should only do a physical activity recommended by a doctor?	YES/NO
2. Do you feel pain in your chest when you do physical activity?	YES/NO
3. In the past month, have you had chest pain when you were not doing physical activity?	YES/NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES/NO
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity?	YES/NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	YES/NO
7. Do you know of any other reason why you should not do physical activity?	YES/NO

If you have answered **YES** to any of the above questions, then you are required to gain consent from your doctor before participating in the Pilates session.

If you have answered **NO** to all of the above questions and you have reasonable assurance of your suitability for:

A Pilates session – which will include a preparation phase, a main section and a closing phase.

You are advised to postpone entry into the programme if you feel unwell or have a temporary illness. You must inform your instructor of any changes to your health status, whilst engaged in your exercise sessions.

Client's signature: _____

Date: _____

Witness's signature: _____

Date: _____