

Physical Activity Readiness Questionnaire (PAR-Q)

Before becoming more active your coach needs to be aware of your health history and how active you have been recently so that you can be led through a safe and effective exercise programme.

All information given is stored in accordance with the Data Protection Act 1998 and the only persons that will have access to your file are Kilbarchan AAC coaches and admin staff.

Person to contact in case of Emergency

Name: _____

Daytime telephone: _____

Work telephone: _____

Relationship: _____

Does your doctor know you are participating in this activity programme?

Yes No

Health and Activity History

Describe your current weekly activity/exercise participation at present – please also include general physical activity such as gardening, DIY, walking to shops/work etc.

Do you accumulate on average at least 30 mins activity a day (eg includes three 10 mins activity) at present?

Yes No

If no, how many years is it since you accumulated on average 30 minutes activity per day

What kind of exercises do you like doing and why?

What kind of exercises do you dislike doing and why?

Why does a jogging programme appeal to you and do you have any specific targets/goals?

What timescale have you given yourself to reach the above target/goals?

How many times per week have you set aside specifically to exercise?

Do you have any disabilities or access requirements?

Yes No

Medical Information

Are you taking any medication?

No Yes

If yes please provide additional information in the space provided

Do you have, or have had in the past:

History of heart problems, chest pains or stroke

No Yes

Increased blood pressure or low blood pressure

No Yes

Difficulty with physical exercise

No Yes

Advice from doctor not to exercise

No Yes

Recent surgery in the last 12 months

No Yes

Pregnancy now or within the last 3 months

No Yes

History of breathing or lung problems

No Yes

Muscle, joint or back disorder, or any previous injury

No Yes

Diabetes or thyroid condition

No Yes

History of heart problems in immediate family

No Yes

Hernia or condition that may be affected by activity

No Yes

Formal Declaration

I declare that I have completed this questionnaire fully and honestly. I will inform my coach if there are any changes in my circumstances. I take part in any recommended programme entirely at my own risk and waive any legal resource for damages to myself or property arising from my participation.

Signed: _____ Date: _____