



Betsi Runaways
Physical Activity Readiness Questionnaire



Name:

Age:

Address:

Male/Female:

Telephone:

This PAR-Q is designed to help you help yourself. 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 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 those who should take medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these few questions. Please read them carefully and circle YES/NO opposite the question as it applies to you.

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| 1. Has your doctor ever said that you have a heart condition and recommend only medically supervised activity? | YES / NO |
| 2. Do you have chest pains brought on by physical activity? | YES / NO |
| 3. Have you developed chest pain in the last month? | YES / NO |
| 4. Do you tend to lose consciousness or fall over as a result of dizziness? | YES / NO |
| 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? | YES / NO |
| 6. Has a doctor ever recommended medication for your blood pressure or for a heart condition? | YES / NO |

If you have answered NO to all questions, you have reasonable assurance of your present suitability for participation in Betsi Runaways graduated exercise programme.

Signed:

Date: