



ZEN Physical Activity Readiness Questionnaire (PAR-Q)

1. Have you ever felt pain in your chest , had heart palpitations or tightness of the chest	YES	NO
2. Do you have high blood pressure? If yes give details i.e medication etc	YES	NO
3. Has your doctor ever said you have a heart condition or recommended only medically supervised exercise?	YES	NO
4. Do you have low blood pressure or often feel faint or have dizzy spells?	YES	NO
5. Do you have Diabetes Mellitus or any other metabolic disease?	YES	NO
6. Has your doctor ever said that you have raised cholesterol (serum level above 6.2mmol/l)?	YES	NO
7. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?	YES	NO
8. Is your doctor currently prescribing you drugs or medication?	YES	NO
9. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?	YES	NO
10. Is there any history of Coronary Heart Disease in your family?	YES	NO
11. Do you currently smoke?	YES	NO
12. Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)?	YES	NO
13. Do you suffer from epilepsy? If yes when did you last have a fit?	YES	NO
14. Do you NOT currently exercise on a regular basis (at least 3 times a week) and/or work in a job that is physically demanding?	YES	NO
15. Are you, or is there any possibility that you might be pregnant?	YES	NO
16. Do you know of any reasons why you should not participate in a programme of physical activity?	YES	NO

If YES please give details : _____

If you answered YES to one or more questions:

If you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity and/or taking a fitness analysis. Tell your doctor what questions you answered 'yes' to on 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 on your PAR-Q you have reasonable assurance of your present suitability for:

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

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 involving the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Clients Name:

PTs Name:

Clients Signature:

PTs Signature:

Date:

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

Signature:

Date: