



# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Before you undertake any physical activity with Genesis, we need to know a little about you. Please answer the following questions fully and to the best of your knowledge. All information gathered will be confidential.

NAME:

DATE:

Please answer either **Yes** or **No** to the following questions (please circle the correct answer)

**Yes No**

- |  |   |   |
|--|---|---|
| 1. Do you have any personal history of heart disease (heart attack or stroke)?   | Y | N |
| 2. Do you have any family history of heart disease prior to the age of 55yrs?  | Y | N |
| 3. Has your blood pressure ever been measured as high (>140/90mmHg)?<br>If known, please give details of last reading: | Y | N |
| 4. Do you experience unaccustomed shortness of breath at rest or during light exercise (incl. Asthma)?                 | Y | N |
| 5. Do you ever experience any dizziness or fainting?   | Y | N |
| 6. Are you pregnant or post-natal?   | Y | N |
| 7. Have you ever experienced any pain or discomfort in your chest or fluttering of the heart?                          | Y | N |
| 8. Do you have diabetes (Type 1 or 2) or any other metabolic disease (thyroid, renal, liver)?                          | Y | N |
| 9. Do you have a known heart murmur or ever experience an irregular heart beat?  | Y | N |
| 10. Are you currently taking any prescribed medication (please list below)?  | Y | N |
| 11. Have you recently been hospitalised for treatment or surgery?  | Y | N |
| 12. Are you currently a cigarette smoker?  | Y | N |
| 13. Do you currently drink more alcohol than 21 units (men) or 14 units (women) each week?                             | Y | N |
| 14. Has your blood cholesterol ever been measured as high?<br>If yes, please give details of last reading:             | Y | N |
| 15. Do you have any muscle, bone or joint problems (please give details below)?  | Y | N |
| 16. Do you currently have a sedentary lifestyle or exercise less than 3 x 30 mins each week?                           | Y | N |
| 17. Do you know of any other reason why you should <b>not</b> do physical activity?                                    | Y | N |

If you answered **Yes** to any question please provide details below and discuss them with your Genesis trainer. You may need to talk to your doctor before becoming more physically active.

**Additional Details or anything else you think is relevant for us to know about you (please continue overleaf if required):**

I have read, understood and answered fully and honestly the questions above. I wish to participate in physical exercise as prescribed by my Genesis trainer. I am undertaking this exercise at my own risk.

**SIGNED:**

**DATE:**

**PRINT NAME:**

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**Doctor referral confirmation (if required):** I confirm I have spoken with my doctor and have agreed that I can participate in a Unrestricted / Restricted (*please delete*) exercise programme. The doctor's supplementary guidance notes are attached Yes / No (*please delete*).

**Signed:**

**Date:**

**Print Name:**