# Physical Activity Readiness Questionnaire (PAR-Q) SurfLifeSavingGB



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| Name: | Date: | |
| Address:  City: | | |
| Telephone (Day): | (Eve): | |
| Gender: | Date of Birth: | Age: |
| Email: (list only if checked daily):  Contact: | | |
| Emergency |  | |
| Name: | Relationship: | |
| Telephone (Day): | (Eve): | |

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

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| --- | --- | --- | --- |
| 1) | Has a physician ever said you have a heart condition, and you should only do physical activity |  |  |
|  | recommended by a p hysicia n ? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Yes | No |
| 2) | When you do physical activity, do you feel pain in your chest?. . . . . . . . . . | Yes | No |
| 3) | When you were not doing physical activity, have you had chest pain in the past month? . . | Yes [3 | No C] |
| 4) | Do you ever lose consciousness or do you lose your balance because of dizziness? | Yes |  |
| 5) | Do you have a joint or bone problem that may be made worse by a change in your physical activity? | Yes |  |
| 6) | Is a physician currently prescribing medications for your blood pressure or heart condition? | Yes C] | No |
| 7) | Are you pregnant or post-partum? | Yes | No |
| 8) | Do you have insulin dependent diabetes? | Yes C] |  |
| 9) | Are you a man over the age of 45 or a woman over the age of 55? . | Yes | No |
| 10) Do you know of any other reason you should not exercise or increase your physical activity? . | | Yes | No |

Comments.

If you answered...

YES to one or more questions: It is strongly recommended that you have a Medical Authorisation Form completed BEFORE you become significantly more physically active.

NO to all questions: If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can become more physically active and take part in a fitness training program.

Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

|  |  |
| --- | --- |
| I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. | |
| Participant's Signature: | Date: |
| Signature of Parent/Guardian: | Witness: |

Email: mail@slsgb.org.uk Telephone: 01392 369 1 1 1 www.slsgb.org.uk www.facebook.com/slsgb

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