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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME	SIGNATURE
DOB	HOME PHONE
EMAIL ADDRESS	MOBILE PHONE
ADDRESS	EMERGENCY CONTACT NAME PHONE

Many health benefits are associated with Yoga/Pilates/Chair Fitness. The completion of PAR-Q is a sensible first step to take if you are planning to take part in these practices. For most people, Yoga/Pilates/Chair Fitness should not pose any problem or hazard. PAR-Q is designed to identify the small number of people for whom these activities might be inappropriate or those who should have medical advice before establishing a regular practice. It also enables the instructor to have some background knowledge of their client(s).

All information will be treated confidentially. Common sense is the best guide in answering these few questions.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Yes/No
2. Do you have a history of lung problems? Yes/No
3. Do you ever feel pain or tightness in your chest when you exercise? Yes/No
4. Have you ever had chest pain or tightness when you were not exercising? Yes/No
5. Do you suffer from asthma or other respiratory problems? Yes/No
6. Do you suffer from headaches/fainting or have spells of dizziness? Yes/No
7. Do you have joint problems that are made worse by exercise? Yes/No
8. Do you have stomach/intestinal problems? Yes/No
9. Do you have diabetes? Yes/No
10. Do you have epilepsy? Yes/No
11. Do you have/had menstrual disorder/pain? Yes/No

- 12. Have you had a recent operation/chronic illness/injury? Yes/No
- 13. Have you ever been told that you have high blood pressure? Yes/No
- 14. Do you suffer with any eye conditions? Yes/No
- 15. Do you have/had a back problem/slipped disc that could be aggravated by a change in your physical activity? Yes/No
- 16. Do you have/had depression/emotional problems? Yes/No
- 17. Do you have/had cancer? Yes/No
- 18. Do you smoke? Yes/ No
- 19. Are you currently taking any medication of which the teacher/instructor should be made aware?

If so, what? Yes/No

- 20. Are you pregnant or have you had a baby in the last 6 months? Yes/No
- 21. Is there any other reason why you should not participate in physical activity? Yes/No

22. Please provide more information for any YES answers above that could affect your Yoga/Pilates/Chair Fitness practice:

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IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS AND ARE UNSURE WHETHER YOGA/PILATES/CHAIR FITNESS ARE RIGHT FOR YOU it may be wise to consult with your doctor about the questions you answered YES to before starting Yoga/Pilates/Chair Fitness. You may be able to practice if you begin slowly and build up gradually. Talk with your doctor about the kind of class you wish to participate in and follow their advice.

IF YOU HAVE ANSWERED NO TO ALL QUESTIONS. You can be reasonably sure that you can participate in Yoga/Pilates/Chair Fitness. However, if you are in any doubt, seek your doctor’s advice before attending class.

PLEASE NOTE: If your health changes so that subsequently you answer YES to any of the above questions, inform your Yoga/Pilates/Chair Fitness instructor immediately. Ask whether you should change your practice. Delay your practice if you feel unwell – wait until you are better.

I HAVE READ AND UNDERSTOOD THIS QUESTIONNAIRE. I TAKE FULL RESPONSIBILITY FOR MY FITNESS TO PRACTICE YOGA/PILATES/CHAIR FITNESS AND I WILL PRACTICE WITHIN MY LIMITATIONS.

Signed:

Date: