

# PAR-Q

## Physical Activity Readiness Questionnaire

PAR-Q forms are collected for 'legitimate grounds' to provide a safe and effective exercise program. The information provided on this form will only be used by Yvette Wooding for the participation in her dance and fitness classes. No data will be passed to any 3rd parties unless called for legally.

TICK ANSWERS AS NECESSARY, PLEASE BE HONEST.

1. 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
2. Do you have high blood pressure? ☐ YES ☐ NO
3. Do you have low blood pressure? ☐ YES ☐ NO
4. Do you have Diabetes Mellitus or any other metabolic disease? ☐ YES ☐ NO
5. Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?  
☐ YES ☐ NO
6. 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
7. Have you ever felt pain in your chest when you do physical 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 often feel faint, have spells of severe dizziness or have lost consciousness?  
☐ 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 currently smoke? ☐ YES ☐ NO
14. Are you, or is there any possibility that you might be pregnant? ☐ YES ☐ NO
15. Do you know of any other reason why you should not participate in a program of physical activity?  
☐ YES ☐ NO

NOTES:

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I acknowledge that my participation in this group exercise program is at my sole risk.  
Yvette Wooding shall not be liable for any injury that I may suffer in this activity.

SIGNATURE: \_\_\_\_\_

NAME (block capitals): \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_