

# Physical Activity Readiness Questionnaire (PAR-Q)

Please complete and bring with you to the training session.



Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.**

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- |      |  |        |
|------|--|--------|
| Q1.  | 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 |
| Q2.  | Have you ever felt pain in your chest when you do physical exercise?   | YES/NO |
| Q3.  | In the past month, have you had chest pain when you were not doing physical activity?  | YES/NO |
| Q4.  | Do you often feel faint, have spells of severe dizziness or have lost consciousness?   | YES/NO |
| Q5.  | Have you ever suffered from unusual shortness of breath at rest or with mild exertion?   | YES/NO |
| Q6.  | Has the doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or that may be made worse by exercise? | YES/NO |
| Q7.  | Do you have either high or low blood pressure? If yes, which type?   | YES/NO |
| Q8.  | Are you currently on any prescribed medicines that may affect your ability to exercise?  | YES/NO |
| Q9.  | Are you pregnant or have you had a baby in the last 6 months (females only)?   | YES/NO |
| Q10. | Do you know of any reason that would affect your ability to participate in physical activity?  | YES/NO |

**If you answered YES to one or more questions:**

We advise you talk to your doctor before you join one of our canicross sessions. Tell your doctor what questions you answered yes to on this form and seek advice.

**INFORMED CONSENT**

I hereby state that I have read, understood and answered honestly the questions on the PAR-Q. I wish to participate in canicross training and I realise that in participating in these activities I may be at risk of injury. I hereby confirm that I am participating voluntarily.

**IN CASE OF EMERGENCY DETAILS:**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_