



# Physical Activity Readiness Questionnaire (PAR-Q)

We want your time with us to be safe and enjoyable. To ensure you are in an appropriate state of health to start a programme of running with us you must complete this questionnaire.

*If you answered **YES** to any of the questions you must consult your doctor to ensure it is safe for you to start a programme of running with us. This must be done before we can accept your membership.*

*If you honestly answered **NO** to all the questions we can all be reasonably confident that it is safe for you to undertake a programme of running with us.*

*If your health changes at anytime so that you would then answer **YES** to any of the questions, you must cease training with us immediately and consult your doctor regarding whether it is safe for you to continue training with us.*

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
When you do any physical activity do you ever feel pain in your chest?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever have any chest pain when not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever felt faint or had spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any joint or bone problems that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on any medication that could affect your health by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or have you had a baby in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 69 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any reason you should not exercise or increase your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

*"I have completed the above questions honestly and to the best of my knowledge. I accept that I undertake any activities with the Tone Zone Runners at my own risk. If I have answered **YES** to any of the questions I have consulted my doctor and gained their agreement to me undertaking a programme of running. If my health changes at anytime so that I would answer **YES** to any of the above questions I will cease running and consult my doctor as to whether it is safe for me to continue running."*

Signed: .....

Date: .....