

Physical Activity Readiness Questionnaire (PAR-Q)



Physical Activity Readiness Questionnaire (PAR-Q) is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a PAR-Q is a sensible first step to take if you are planning on increasing the amount of physical activity in your life. For most people physical activity should not pose a problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and circle the correct answer opposite the question. The information contained in this form is confidential and is subject to the regulations of the Privacy Act.

Name:	Doctor's name:
Address:	Address:
Postcode:	Midwife name:
D.O.B	Midwife tel:
Telephone:	How old is your baby? Month Weeks
Email:	

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What type of delivery did you have? Vaginal Forceps Caesarean Emergency caesarean

Ventouse Other

Did you require an episiotomy? Yes No

Did you tear? Yes No

Have you had any of the following? Antenatal incontinence Large baby (8lbs+) Prolonged 2nd stage labour Multiple birth

Have you been given the 6-week check by your doctor? Yes No

Are you continuing to see your midwife? Yes No

Have you had an abdominal check? Yes No

Are you under the care of any other health professional?

Please may we have your permission to contact your health professional should we need to? Yes No
How was your pregnancy?

How did you experience the delivery of your baby?

Are there any conditions that you suffered with during your pregnancy?

- Pelvic Girdle Pain
- Carpal Tunnel syndrome
- Pre-eclampsia
- Back ache
- Sciatica
- Hypertension
- Oedema
- Diabetes
- History of miscarriage

Other

Did you exercise during your pregnancy?

- Yes No

1. Has your doctor ever said you have heart trouble?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you frequently have pains in your heart or chest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you tend to lose consciousness or fall over as a result of dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a bone or joint problem that could be or has been aggravated by exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has your doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to one or more of the above questions, please answer the following questions:	
7. Have you consulted with your doctor regarding increasing your physical activity and/or performing a fitness assessment? _____ initials	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered no to question 7, will you consult your doctor prior to increasing your physical activity and/or performing a fitness assessment? _____ initials	<input type="checkbox"/> Yes <input type="checkbox"/> No

If participating in outdoor mums and buggies session, I declare that my buggy is in good working order, and that I will ensure my child is safely strapped in at all times.

I, the undersigned have filled in the form to the best of my knowledge.

Print Name

Signature

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Date

Trainers Signature

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