

# Appendices

## PAR-Q

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Contact number: \_\_\_\_\_

This PAR-Q is designed to help you to help yourself. Many benefits are associated with regular exercise. The completion of the PAR-Q form is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose a problem or hazard.

The PAR-Q has been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these 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 feel pain in your chest when you do physical activity?	YES	NO
3. In the past month, have you had chest pain when you were not doing physical activity?	YES	NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES	NO
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity?	YES	NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	YES	NO
7. Do you know of any other reason why you should not do physical activity?	YES	NO

If you have answered YES to any of the PAR-Q sections then you are required to gain consent from your doctor before participating in the exercise programme.

An exercise programme will include exercises designed around your needs and goals. The programme will work all components of physical fitness and use the principles of training.

You are advised to postpone entry into the programme if you feel unwell or have a temporary illness. You must inform your instructor of any changes to your health status whilst engaged in your training programme.

Client's name:

Date:

Witness's signature:

Date: