



## Physical Activity Readiness Questionnaire (PAR-Q)

Before you begin exercising your instructor needs to know some information about you to ensure the exercises are safe and effective for you, this will be kept private and confidential.

**Please sign to indicate your consent to share this information with us.** If you would like to see our Privacy Policy, please ask the instructor or view it online at [www.moveitorloseit.co.uk](http://www.moveitorloseit.co.uk)

I consent to provide the required information (*sign here*).....

If you answer 'yes' to any of the questions please provide details overleaf. Thank you.

Name.....

Address.....

.....

Telephone No..... Date of Birth.....

Email.....

Emergency contact..... GP contact.....

	Yes	No
Has your doctor advised you not to participate in exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest at rest or when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness (black out)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get short of breath at rest or doing light activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a heart condition? (e.g. angina, palpitations, atrial fibrillation or have you ever had a heart attack?)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stroke or a mini stroke?	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>If you answered YES to any of the above please ask your GP/ health care professional before participating. By signing below you indicate you have permission to participate.</i></b> If you have answered NO to all of the above please answer the following:		
Do you have any difficulties with your breathing such as COPD, emphysema, chronic bronchitis, asthma or any other lung condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes, high blood pressure or epilepsy? If yes, please indicate which.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any bone, joint, muscular or neurological conditions which affect your ability to exercise such as osteoporosis, back pain, multiple sclerosis, Parkinson's or arthritis? Include any joint replacements.	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any operations in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a fall in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have (or have you had) cancer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medication that may be required in an emergency? If so please let your instructor know and list on the back of this form.	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details of any other needs you have that the instructor should be aware of such as walking aids, hearing or sight difficulties, physical or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies including latex?	<input type="checkbox"/>	<input type="checkbox"/>
Can you walk for 20 minutes? If so how many times a week do you do this?	<input type="checkbox"/>	<input type="checkbox"/>

**I have read, understood and completed this questionnaire honestly and agree to keep my instructor informed of any changes. I understand that I participate at my own risk.**

If you change your mind and wish to opt-out and withdraw your consent to share this information, please let your instructor know or contact our Head Office on 0121 250 5788 or email [info@moveitorloseit.co.uk](mailto:info@moveitorloseit.co.uk)  
You are free to do so at any time.

Signature..... Date.....

**Instructor use only** - Complete this table to indicate this class members' physical status.

Resistance Band Colour?	Seated or Standing?
Red <span style="color: red;">■</span> Green <span style="color: green;">■</span> Blue <span style="color: blue;">■</span> Black <span style="color: black;">■</span>	Seated/ Standing w/ support/ Free standing