



**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)
- FOR SAFE EXERCISE**

Please tick here to confirm that we have your permission to record and store this information electronically. Our reason for collecting your personal information is to provide you with the best experience while using our services. Personal information will be used in accordance with the United Kingdom law and regulation on data protection, principally, the Data Protection Act 2018. Details of our privacy policy are available at: www.FitForGood.com/privacy/html

YOUR PERSONAL DETAILS

Name:

Address:

Date of Birth:

Email:

Please tick here to confirm that we have your permission to contact you via email.

Telephone:

EMERGENCY CONTACT DETAILS

Name:

Address:

Email:

Telephone:

YOUR HEALTH GOALS

- What health goals would you like to achieve in the next three months?
- Name three things you could do to improve your health
- What are your main reasons for starting a fitness programme?
 - General conditioning
 - Weight loss
 - Muscular strength
 - Flexibility
 - Balance
 - Other
- How would you describe your general health and fitness?
- Have you ever done any structured exercise? YES / NO

If 'Yes', what did you do?

- What type of exercise do you enjoy the most?
- What type of exercise do you dislike the most?
- What would you say are the main barriers preventing you from exercising?
 - Lack of facilities
 - Injury/illness
 - Lack of knowledge
 - No motivation
 - Unfit
 - Family
 - No time
 - Appearance

DIET AND NUTRITION

- On a scale of 1-10 (with 1 being poor and 10 being excellent) how would you assess the quality of your eating habits?
- Do you follow any particular diet or eating patterns? YES / NO
If 'Yes', please could you describe your diet or eating pattern:

LIFESTYLE

- Do you drink alcohol? YES / NO
- Do you smoke? YES / NO
If 'Yes', would you like help or advice to change these habits? YES / NO

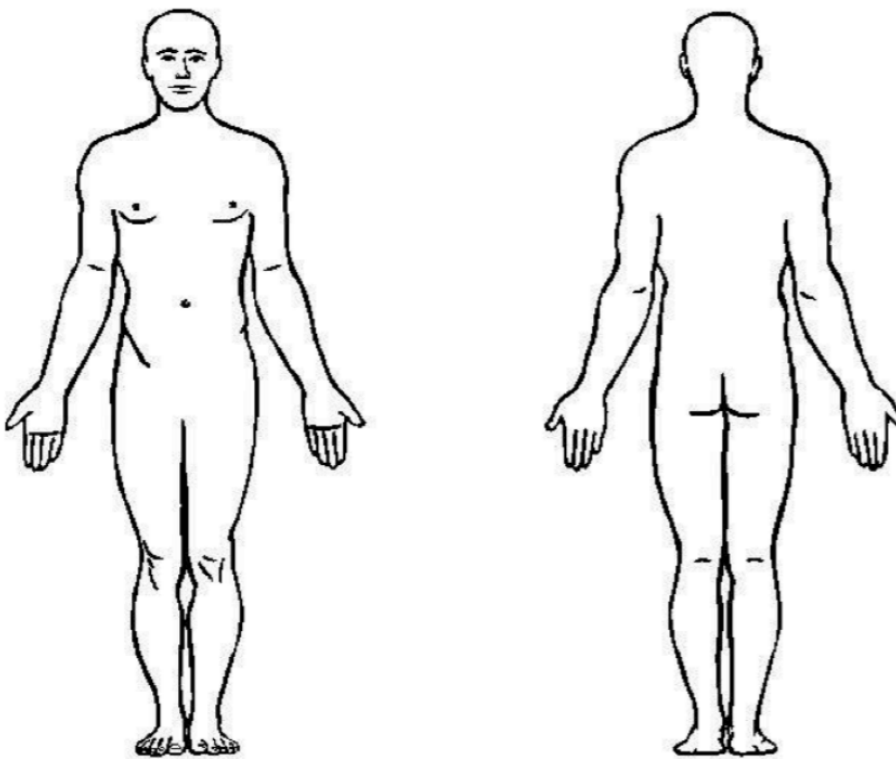
MEDICAL HISTORY

- Have you had a major illness or injury in the last five years? YES / NO
If 'Yes', please give details:
- Are you receiving treatment for any diagnosed medical condition? YES / NO
If 'Yes' please give details:
- Are you taking any prescription medication? YES / NO
If 'Yes', please give details:
- Please indicate if you ever experience any of the following symptoms:
 - Unusually short of breath with very light exertion? YES / NO
 - Pain, pressure, heaviness or tightness in the chest area? YES / NO

- Regularly have unexplained pain in the abdomen, shoulders or arm?
YES / NO
- Severe dizzy spells or episodes of fainting? YES / NO
- Regularly get lower leg pain during walking that is relieved by rest?
YES / NO
- Palpitations or irregular heartbeats? YES / NO

STRUCTURAL HEALTH

- Please indicate on the figures below any aches, pains or problem areas



- Please give details of any areas indicated
- Are any of these aggravated by exercise? YES / NO
- Are you currently receiving treatment for any of these? YES / NO
- Please indicate any other health problems you suffer from which you have not already mentioned:

If I have answered YES to any of the above lifestyle questions, I have been cleared by my doctor to be allowed to exercise.

I understand there is a risk of injury associated with participating in any exercise class and hereby assume full responsibility for any and all injuries, losses and damages that I incur while attending, exercising or participating in any of Fit For Good's classes. I hereby waive all claims against Fit For Good and the company's employees individually or otherwise, for any and all injuries, claims or damages that I might incur.

I confirm that I have answered all questions honestly and that the information given is correct.

Signature:

Print Name:

Date:

Please note that this PAR Q becomes invalid should your condition change - you must update Fit For Good if your condition changes.

Please could you let us know how you heard about Fit For Good?

- Picked up a leaflet at _____
- Saw the information online on (please circle) NextDoor, Facebook, Other
- GP referral
- Read about the programme in _____