

# Physical Activity Readiness Questionnaire

There are many health benefits associated with regular exercise and the completion of this PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people being more active is very safe, however by answering the questions below this should help to give you an indication as to whether you should seek advice from a doctor before taking part.

Common sense is your best guide when answering these questions, please read carefully and tick YES or NO.

1. Has your doctor ever said you have heart trouble?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you frequently have pains in your heart or chest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you often feel faint or have spells of severe dizziness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has a doctor ever said your blood pressure was too high?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a bone or joint problem(s) that may be worsened with exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you know of any reason why you should not take part in physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are you or have you been pregnant in the last 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you suffer from any problems of the lower back?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Are you currently taking any medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you currently have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered NO to all the questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. Please note that this does not guarantee that you will have normal response from exercise and should you have any areas of concern these should be discussed with a medical professional. If you answered YES to any of the above questions, please provide further details where appropriate discussing with your doctor before taking part in any further activity.

If you answered YES to any of the above questions, please provide further details here:

I declare that I have completed all statements accurately and can confirm that I am able to participate in Walking Netball.

Print Name:

Date:

Signature:



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