

## Physical Activity Readiness Questionnaire (PAR-Q)

Many health benefits are associated with Yoga and Pilates. The completion of PAR-Q is a sensible first step to take if you are planning on embarking on these practices.

For most people, Yoga and/or Pilates should not pose any problem or hazard. PAR-Q is designed to identify the small number of people for whom these activities might be inappropriate or those who should have medical advice before establishing a regular practice. It also enables the teacher/instructor to have some background knowledge of their client(s).

*All information will be treated confidentially.* Common sense is the best guide in answering these few 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 have a history of lung problems? **Yes/No**
3. Do you ever feel pain or tightness in your chest when you are doing physical activity? **Yes/No**
4. Have you ever had chest pain or tightness when you were not doing physical activity? **Yes/No**
5. Do you suffer from asthma or other respiratory problems? **Yes/No**
6. Do you suffer from headaches/fainting or have spells of dizziness? **Yes/No**
7. Do you have a joint problem that could be made worse by exercise? **Yes/No**
8. Do you have stomach/intestinal problems? **Yes/No**
9. Do you have diabetes? **Yes/No**
10. Do you have epilepsy? **Yes/No**
11. Do you have/had menstrual disorder/pain? **Yes/No**
12. Have you had a recent operation/chronic illness/injury? **Yes/No**
13. Have you ever been told that you have high/low blood pressure? **Yes/No**
14. Do you suffer with any eye conditions? **Yes/No**
15. Do you have/had a back problem/slipped discs that could be made worse by a change in your physical activity? **Yes/No**
16. Do you have/had depression/emotional problems? **Yes/No**
17. Do you have/had cancer? **Yes/No**
18. Do you smoke? **Yes/ No**
19. Are you currently taking any medication of which the teacher/instructor should be made aware? If so, what..... **Yes/No**
20. Are you pregnant or have you had a baby in the last 6 months? **Yes/No**
21. Is there any other reason why you should not participate in physical activity? **Yes/No**

**If you answer yes to a question with one or more options please give further details below.**

**PLEASE NOTE:**

If your health changes so that subsequently you answer YES to any of the above questions, inform your Yoga/Pilates teacher/instructor immediately. Ask whether you should change your practice. Delay your practice if you feel unwell because of temporary illness such as a cold or flu – wait until you are better.

**I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION**

*I understand my own body's challenges and take full responsibility for my own Yoga/Pilates practice.*

**Full Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**DOB:** \_\_\_\_\_

\_\_\_\_\_

**Home No:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Would you like to join our mailing list to receive our Newsletter, Promotions & Events?**  
Yes  No  (Please tick appropriate)

**Occupation :** \_\_\_\_\_

**Emergency contact name, phone no and relationship to you :**

\_\_\_\_\_

**How did you hear of The Yoga-Lounge?** \_\_\_\_\_