



# Physical Activity Readiness Questionnaire (PAR Q)

Regular physical activity is fun and healthy, and the number of people becoming more active each day is increasing. Being active is safe for most people however, there are those who should check with their doctor before participating in exercise.

### Sensitive Health Data

We collect any personal health data you provide to us when registering and signing up for our leisure activities. We collect this information to ensure we are offering you the right services and so your progress can be tracked by you and ourselves. We ask you for information about your health in order to recommend appropriate exercise regimes and offer any other services that may be applicable.

### Removing your Data

We retain your information as long as it is necessary however if you no longer use our services and wish for us to delete your personal data we will do this if there is no legal or statutory regulation requiring us to keep it. Please email us at:- admin@crickladeleisure.co.uk

### Sharing of Personal Data

We will only share this information with the Staff at the centre and if necessary with medical professionals if intervention is required.

**PLEASE TICK THE BOX TO CONFIRM THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE**

### Personal Details

Client Name: \_\_\_\_\_ DoB: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Reasons for Physical Activity (tick any that apply)

- |   |  |  |
|---|--|--|
| General conditioning <input type="checkbox"/> | Muscular strength <input type="checkbox"/> | Appearance <input type="checkbox"/>          |
| Weight/fat loss <input type="checkbox"/>      | Aerobic Fitness <input type="checkbox"/>   | Improve self-esteem <input type="checkbox"/> |
| Stress management <input type="checkbox"/>    | Flexibility <input type="checkbox"/>       | Other <input type="checkbox"/>               |

How would you describe your general health and fitness?

Poor  Below average  Average  Above average  Excellent

Lifestyle

Do you drink alcohol? Yes/No

If you answered 'Yes', how many units per week? \_\_\_\_\_

Do you smoke? Yes/No

If you answered 'Yes', how many per day? \_\_\_\_\_

Medical History

Have you had a major illness or injury in the last 5 years? Yes/No

Are you receiving treatment for any diagnosed medical conditions? Yes/No

Are you taking any prescription medication? Yes/No

Do you ever get unusually short breath with light exertion? Yes/No

Do you ever have pain, pressure, heaviness or tightness in the chest area? Yes/No

Do you regularly have unexplained pain in the abdomen, shoulders or arm? Yes/No

Do you ever have severe dizzy spells or episodes of fainting? Yes/No

Do you regularly get lower leg pain during walking? Yes/No

Do you ever experience palpitations or irregular heartbeats? Yes/No

Are you currently pregnant or have you given birth in the last 6 months? Yes/No

If you answered 'Yes' to any of the above please give details \_\_\_\_\_  
\_\_\_\_\_

I can confirm that I have answered all questions honestly and that the information I have given is correct to the best of my knowledge.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Admin Signature: \_\_\_\_\_