**Physical Activity Readiness Questionnaire (PAR-Q)**

Many health benefits are associated with regular exercise, and the completion of a PAR-Q is a sensible step to take if you are planning to increase the amount of physical activity in your life. For most people physical activity should not pose any problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. You are welcome to select “Prefer not to answer” from the drop-down menus below. If you do not actively declare a condition, the College will assume you have at least considered it and taken appropriate medical advice prior to using the facilities. Common sense is the best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you. PLEASE SEND THE COMPLETED FORM IN A SEALED ENVELOPE TO THE COLLEGE NURSE.

**Name: ………………………………………………………………………………….. DOB: ……………….……………**

**Email: ………………………………………………………………………..…**

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| 1 | Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? | No |
| 2 | Do you have high blood pressure? | Choose an item. |
| 3 | Do you have low blood pressure? | Choose an item. |
| 4 | Do you have Diabetes Mellitus or any other metabolic disease? | Choose an item. |
| 5 | Has your doctor ever said you have raised cholesterol? | Choose an item. |
| 6 | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | Choose an item. |
| 7 | Have you ever felt pain in your chest when you do physical exercise? | Choose an item. |
| 8 | Is your doctor currently prescribing you drugs or medication? | Choose an item. |
| 9 | Have you ever suffered from unusual shortness of breath at rest or with mild exertion? | Choose an item. |
| 10 | Is there any history of Coronary Heart Disease in your family? | Choose an item. |
| 11 | Do you often feel faint, have spells of severe dizziness or have lost consciousness? | Choose an item. |
| 12 | Do you currently drink more than the recommended amount of alcohol per week (21 units for men and 14 units for women)? | Choose an item. |
| 13 | Do you currently smoke? | Choose an item. |
| 14 | Do you currently exercise less than 3 times a week? | Choose an item. |
| 15 | Are you, or is there any possibility that you might be pregnant? | Choose an item. |
| 16 | Do you know of any other reason why you should not participate in a program of physical activity? | Choose an item. |

I have read, understood and accurately completed this questionnaire. I understand that answering “Yes” to any question above is an indication I may need to consult with a medical professional before undertaking exercise. I understand that by selecting “Prefer not to answer”, I am declaring I have considered the question and taken appropriate advice based on my circumstances. I understand that on the basis of my answers I may be contacted by the College Nurse to discuss my safe use of the gym. I understand I am able to contact the Nurse with my own queries via [nurse@robinson.cam.ac.uk](mailto:nurse@robinson.cam.ac.uk). I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature (typed):

Date: ………………………