

Change for Life Physical Activity Readiness Questionnaire [PARQ]

The PARQ is a sensible first 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. PARQ has been designed to identify the small number of adults for whom physical activity might be inappropriate or for those who seek advice concerning the type of activity most suitable for them.

Common sense is your best guide to answering these few questions. **Please read them carefully and check the YES or NO opposite the question if it applies to you.**

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have chest pain brought on by physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you developed chest pain at rest in the past month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you lose consciousness or lose balance as a result of dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your doctor currently prescribing medication for your blood pressure or heart condition (diuretics or water pills)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer yes to one or more of the above questions you should consult your doctor before undertaking physical activity. It is your responsibility to do so.

Participation in physical activity as part of the Change for Life Programme is done entirely at your own risk.

I have read, understood and completed this questionnaire YES NO

Would you like to receive information on future programmes via email? YES NO

Print Name: _____ Phone: _____

Email Address: _____

Emergency contact person: _____ Phone: _____

Signature: _____ Date: ____/____/____

Optional Questions

For research purposes only, we would like to get an understanding of how well we are integrating people of all races, genders, background and ethnicity in our programmes. If you are happy to answer the following questions please do, if not you can leave it blank.

Gender: Male Female Other

Age: _____

Do you consider yourself to have a disability? Yes No

What Nationality are you?

Why do you wish to participate in this community physical activity programme?

Please tick as many as you wish

- | | | | |
|---------------------|--------------------------|---------------------------------|--------------------------|
| Want to meet people | <input type="checkbox"/> | To get fit | <input type="checkbox"/> |
| To have fun | <input type="checkbox"/> | To lose weight | <input type="checkbox"/> |
| Improve my health | <input type="checkbox"/> | To improve my mental well being | <input type="checkbox"/> |
| To learn a skill | <input type="checkbox"/> | To take time out for myself | <input type="checkbox"/> |

Other, please say _____

The information requested in this form is for the purpose of providing programme organisers with an indication of your physical health. The contact information provided may be used to send reminders regarding programme dates and to inform you of any changes to programme schedule. Your emergency contact will be used in case of emergencies relating to you. Your personal data will not be shared with any third party and will be kept in a secure location for the duration of the programme. Once the programme has been complete, all personal data regarding your health will be destroyed. Dublin City Council's Privacy Statement is set out in <http://www.dublincity.ie/privacy-statement>

I assume full responsibility during and after my participation to use or apply at my own risk any portion of the information or instruction that I receive. Dublin Sport & Wellbeing Partnership accepts no responsibility whatsoever for any injuries during or after participation in the exercise class/programme. I have read, understood and completed this questionnaire.

Yes No

Signature: _____ Date: ____/____/____