



**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**  
ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

Name .....

Address .....

Telephone .....

Email .....

Emergency Contact Details .....

Date of birth ..... Occupation.....

Sports/hobbies.....

How did you hear about **Active Pilates**? .....

Main reason for taking up Pilates?.....

**Please answer Yes or No to the following questions:**

- |  |          |
|--|----------|
| 1. Have you been diagnosed with any sort of heart condition?   | YES/NO   |
| 2. Do you ever feel pain in your chest when you do physical activity?  | YES/NO   |
| 3. Is your blood pressure high or low? <b>YES/NO</b> If so please state which?                                     | HIGH/LOW |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness/feel faint?                     | YES/NO   |
| 5. Are you currently taking any medication that your instructor should be made aware of? If so, what and why?..... | YES/NO   |
| 6. Do you suffer from back or neck pain?   | YES/NO   |
| 7. Do you have restricted movement in any joints?  | YES/NO   |
| 8. Are there any movements that cause you pain?  | YES/NO   |
| 9. Have you ever had any surgery or major injuries?  | YES/NO   |
| 10. Have you been diagnosed with osteopenia or osteoporosis? If so which?.....                                     | YES/NO   |
| 11. Are you pregnant? If so, when is your baby due? .....  | YES/NO   |
| 12. Have you had a baby in the last 6 months?  | YES/NO   |
| 13. Do you know of any reason why you should not participate in physical activity? If so, what reason? .....       | YES/NO   |

Please provide any further information you think your instructor should be aware of in the box below:

**If you have any doubts or concerns after completing this questionnaire, you should consult your doctor prior to physical activity.**

**DECLARATION**

If you have answered no to all questions you can be sure that you can start to become more physically active and take part in a suitable exercise programme. Do begin slowly and build up gradually!

If you have answered yes to any of the questions, speak to your instructor or provide details in the box provided above to enable them to modify any exercises accordingly.

**If you have any doubts or concerns after completing this questionnaire, you should consult your doctor prior to physical activity.**

By taking part in a Pilates class and signing this declaration you are confirming that you have read and understood this PAR-Q form. Participants take part in exercise at their own risk.

If your doctor has recommended that you avoid any particular exercise, please make sure you inform your Pilates instructor. If your health changes subsequently so that you answer YES to any of the questions, please inform your instructor immediately.

The instructor can accept no liability for personal injury related to participation in a class or studio session if:

- A medical practitioner has advised you against such exercises on health grounds
- You fail to observe instructions on safety or technique
- Such injury is caused by the negligence of another participant in the class

I understand that I should stop and inform the instructor if I feel pain at any time. Please also inform the instructor if you felt any pain/discomfort after the previous session.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

**Signature:** ..... **Date:** .....

Please return completed form to: [collette@activepilates.co.uk](mailto:collette@activepilates.co.uk) or bring it along to your first session

