

Physical Activity Readiness Questionnaire (PARQ)

iUSP148 – Planning studio cycling sessions

| | |
|------------------------|--|
| Centre name: | |
| Centre number: | |
| Learner name: | |
| Learner number: | |
| Date: | |

| | | |
|--------------------------|-----------------|--|
| Client name: | | |
| Address: | | |
| Profession: | | |
| Telephone number: | Day: | |
| | Evening: | |

| | |
|--|--|
| Name and address of doctor: | |
| Emergency numbers: | |
| How old are you? | |
| Do you lead an active life? | |
| What type of exercise do you enjoy, if any? | |

| Conditions: | Yes | No |
|---|-----|----|
| Do you suffer from heart problems? | | |
| Do you have high/low blood pressure? | | |
| Are you taking any medication for a heart condition? | | |
| Do you have pains in your chest when performing/not performing physical activity? | | |
| Do you have diabetes? | | |
| Do you suffer from asthma? | | |
| Do you suffer from epilepsy? | | |
| Do you suffer from hypertension/hypotension? | | |
| Do you suffer from multiple sclerosis? | | |
| Do you suffer from any injury or illness that could affect your ability to perform physical activity? | | |
| Are you recovering from any illness, injury or operation? | | |
| Are you pregnant? | | |
| Do you have any allergies or special health considerations? | | |
| Do you know of any reason why you should not be exercising? | | |

Document History

| Version | Issue Date | Changes | Role |
|---------|------------|-----------------|--|
| v1 | 27/09/2019 | First published | Qualifications Administrator |
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