

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
v2	15/01/2020	Republished	Qualifications and Regulation Co-ordinator