# On-Core Pilates Readiness Assessment

Ensuring Your Fitness Journey Begins Safely

# ON-CORE PILATES

## Physical Activity Readiness Questionnaire (PAR-Q)

**Participant Information:**

- **Name:**
- **Age:**
- **Gender:**
- **Contact Number:**
- **Email:**
- **Next of Kin:**
- **Contact Number:**

The PAR-Q is designed to assist you in evaluating your readiness for increased physical activity. Regular exercise offers numerous benefits, but it is important to ensure that it is safe for you to participate in. This form helps identify those who may need to seek medical advice before undertaking an exercise program.

For most individuals, engaging in physical activity is safe and beneficial. However, this questionnaire aims to identify a small group of people who may need to consult with a healthcare professional to determine the most suitable activities for them. Use common sense when responding to the questions below.

## Health Questions

1. Has your doctor ever informed you that you have a heart condition and that you should only perform physical activities recommended by a doctor?
   - Yes/No
2. Do you experience chest pain during physical activity?
   - Yes/No
3. Have you experienced chest pain in the past month when not engaging in physical activity?
   - Yes/No
4. Do you lose your balance due to dizziness, or have you ever lost consciousness?

    - Yes/No
5. Do you have a bone or joint problem (such as back, knee, or hip issues) that could be aggravated by a change in physical activity?
    - Yes/No
6. Is your doctor currently prescribing medication (e.g., water pills) for your blood pressure or heart condition?
    - Yes/No
7. Are you aware of any other reason why you should not engage in physical activity?
    - Yes/No

If you answered **YES** to any questions, it is necessary to obtain medical clearance before starting an exercise program. The program will be tailored to your individual needs and goals, focusing on all aspects of physical fitness and incorporating training principles.

Please defer participation if you are feeling unwell or have a temporary illness. Inform your instructor of any changes in your health status during your training program.

**Client's Name:**
**Date:**

**Witness' Signature:**
**Date:**