Get Set to Go registration form and Physical Activity Readiness Questionnaire (PAR-Q) example

This questionnaire will take about [insert amount of time] to complete. It is up to you whether you want to take part in this programme and the research. All answers will be treated in confidence and they will not affect any care or support you receive. If you start the questionnaire and then change your mind about participating, you can stop at any time.

Any personal information that you include on the questionnaire will be stored securely, and only the [insert relevant role titles of staff / name of team] will have access to the data. Your personal information will not be used for any other purpose.

The findings will be shared with others – including [insert list of any partners or stakeholders with whom you plan to share findings, including the media if applicable]. However, your answers will remain anonymous – no one will know who has said what.

If you have any questions please contact [insert role title / team name] using the contact details below:

[Insert contact details]

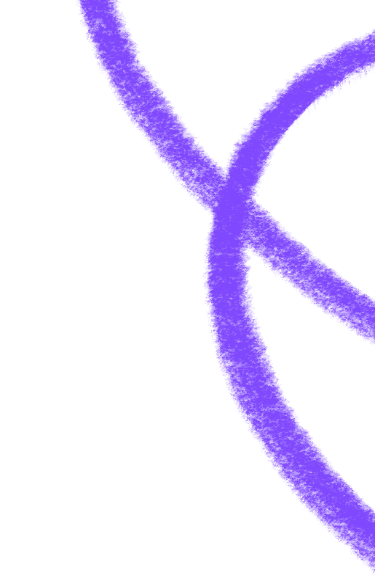
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| --- | --- | --- | --- |
| I am willing to complete this questionnaire. I understand that I can choose to withdraw from the evaluation at any time, without providing a reason. (Please tick). | | | |
|  | Yes |  | No |

Section 1: Contact details

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Address |  |
| Telephone |  |

|  |  |
| --- | --- |
| Who can we contact in an emergency? | |
| Contact name |  |
| Contact phone number |  |

|  |  |
| --- | --- |
| The following three questions will be used to create a reference number for you.  This is so we can anonymously match up questionnaire responses for you. | |
| What day and month were you born? (DD/MM) |  |
| What are the first two letters of the road you live on? i.e. BR |  |
| How many brothers and sisters do you have? (Including step / half brothers and sisters) |  |



**Section 2: About you**

|  |  |
| --- | --- |
| **How old are you (in years)?** | |
|  | |
|  | Prefer not to say |

|  |  |
| --- | --- |
| **What is your gender?** | |
|  | Female |
|  | Male |
|  | Non-binary |
|  | Another/prefer to self-describe |
|  | Prefer not to say |

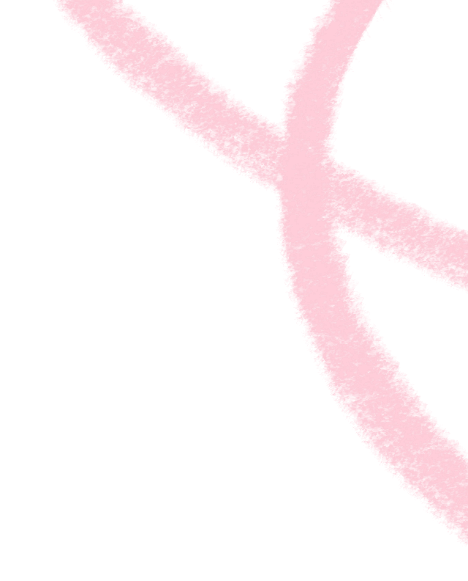
|  |  |
| --- | --- |
| **Have you ever identified as trans?** | |
|  | Yes |
|  | No |
|  | Prefer not to say |

|  |  |
| --- | --- |
| **What is your sexual orientation?** | |
|  | Bi |
|  | Gay/lesbian |
|  | Heterosexual / straight |
|  | Another / prefer to self-describe |
|  | Prefer not to say |

|  |  |
| --- | --- |
| **What is your ethnic background?** | |
|  | Asian |
|  | Black |
|  | Mixed |
|  | White |
|  | Another/prefer to self-describe |
|  | Prefer not to say |

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| Which of these categories best represents your experience of mental health problems? (Please tick all that apply) | |
|  | I have personal experience of mental health problems |
|  | I use / have used mental health services |
|  | I am a family member of somebody who has experienced mental health problems |
|  | I am a friend to someone who has experienced mental health problems |
|  | I care or look after someone who has mental health problems |
|  | Another (please specify if you wish) |
|  | None of the above |
|  | Prefer not to say |

|  |  |
| --- | --- |
| Do you consider yourself to have a long-term health condition or learning difference that has a substantial or long-term impact on your ability to carry out day to day activities? Examples may include epilepsy, depression, Asperger’s syndrome or deafness. | |
|  | Yes |
|  | No |
|  | Prefer not to say |



**Section 3: Physical Activity Readiness Questionnaire**

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between 18 and 69, the Physical Activity Readiness Questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

|  |  |  |
| --- | --- | --- |
| Yes | No | Please read the questions carefully and answer each one honestly: tick Yes or No. |
|  |  | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
|  |  | Do you feel pain in your chest when you do physical activity? |
|  |  | In the past month, have you had chest pain when you were not doing physical activity? |
|  |  | Do you lose your balance because of dizziness or do you ever lose consciousness? |
|  |  | Do you have a bone or joint problem (e.g. bone, hip, or knee) that could be made worse by a change in your physical activity? |
|  |  | Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition? |
|  |  | Do you know of any other reason why you should not do physical activity? |

|  |
| --- |
| If you answered YES to one or more questions |
| Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and to which questions you answered YES.  You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk to your doctor about the kind of activities you wish to participate in and follow their advice.  Find out which community programmes are safe and helpful for you. |
| If you answered NO to all questions |
| If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:   * Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. * Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure checked. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.   Please note: if your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan. |

|  |
| --- |
| Delay becoming much more active, if: |
| * You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better. * You are or may be pregnant – talk to your doctor before you start becoming more active. |
| I have read, understood, and completed this questionnaire. Any questions I had were answered to my satisfaction. |
| Please sign here: |

A picture containing dark

Description automatically generated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For staff to complete: | | | | |
| **Date of first activity** |  | | | |
| **First activity** | Football  Gym and fitness Walking / Rambling  Another (please specify) | | Running  Boxing  Yoga | |
| **PAR-Q**  **checked?** |  | Yes |  | No |
| **Referral made to GP?** |  | Yes |  | No |