**PAR-Q**

The Physical Activity Readiness Questionnaire (PAR-Q) and The Physical Activity Readiness Questionnaire Medical Examination (PAR-Q med-X) are internationally-renowned, robustly-validated, two-part pre-participation screening tools.

The first part is a self-screening tool that can be used by anyone who is planning to start an exercise programme. It is often used by fitness trainers or coaches to determine the safety or possible risk of exercising for an individual based upon their answers to the PAR-Q’s specific health history questions.

The second part is for use by the doctor if/when the individual answers ‘yes’ to any of the screening questions.

The PAR-Q was created by the Canadian Society of Physiology, the British Columbia Ministry of Health and the Multidisciplinary Board on Exercise. The American College of Sports Medicine adopted it in their standards and guidelines for health and fitness facilities.

Until such time as there is a PAR-Q tool that is specifically validated for people over the age of 69 years, the 2002 PAR-Q is regarded as the most appropriate self-screening tool for adults of 69 and over who are used to being ‘very active’; for adults of 69 years and over who are not currently ‘very active’, the PAR-Q recommendation is for the individual to ‘check with their doctor before starting exercise’.

A best-practice recommendation for exercise instructors qualified to work with older adults is to ask the individual to take the completed PAR-Q to their doctor when checking on their suitability to start exercising.

NB: The original 1999 PAR-Q was revised in 2002. It is this 2002 version that must be used as it includes revisions relevant to ageing and exercise.

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name |  | Date: |  |

Under each heading, please mark ONE box that best describes your health TODAY.

|  |
| --- |
| **Mobility** |
| I have no problems in walking aboutI have slight problems walking aboutI have moderate problems in walking aboutI have severe problems in walking aboutI am unable to walk about |
| **Self-care** |
| I have no problems washing or dressing myselfI have slight problems washing or dressing myselfI have moderate problems washing or dressing myselfI have severe problems washing or dressing myselfI am unable to wash or dress myself |
| **Usual activities (eg, work, study, housework, family or leisure activities)** |
| I have no problems doing my usual activitiesI have slight problems doing my usual activitiesI have moderate problems doing my usual activitiesI have severe problems doing my usual activitiesI am unable to do my usual activities |
| **Pain/discomfort** |
| I have no pain or discomfortI have slight pain or discomfortI have moderate pain or discomfortI have severe pain or discomfortI have extreme pain or discomfort |
| **Anxiety/depression** |
| I am not anxious or depressedI am slightly anxious or depressedI am moderately anxious or depressedI am severely anxious or depressedI am extremely anxious or depressed |

|  |  |
| --- | --- |
| **We would like to know how good or bad your health is today.*** **This scale is numbered from 0 to 100**
* **100 means the best health you can imagine**
* **0 means the worst health you can imagine**
* **Mark an X on the scale to indicate how your health is TODAY**
* **Now, please write the number you marked on the scale on the line below.**

**Your health today: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**Pre-exercise assessment and goal setting**

**Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Client’s personal details** |
| **Age** | **Gender** |
| **Health assessment outcome (include a copy of health questionnaire) PAR-Q** |
| **Current medical conditions** | **Medications and associated exercise implications** |
|  |  |
| **Functional assessment outcomes (include scores and interpretation of scores)** |
| **Timed up and go** | **Flexibility – hamstring and shoulder** | **Timed chair rise** | **EQ-5D** |
|  |  |  |  |
| **Readiness to participate in exercise and reasons for participation, including motivation and attitude** |
|  |
| **List three behavioural goals**  |
| **1.** |
| **2.** |
| **3.** |
| **Current activity levels**  |
| **F** |  |
| **I** |  |
| **T** |  |
| **T** |  |
| **Activity level goal**  |
| **F** |  |
| **I** |  |
| **T** |  |
| **T** |  |
| **Client’s SMART goals to include: at least one short term (1-8 weeks) at least one medium term (9-24 weeks) and at least one long term (6 months +) goal** |
| **Short-term** |
|  |
| **Medium-term** |
|  |
| **Long-term** |
|  |
| **Barriers to achieving goals** | **Strategies to overcome barriers** |
|  |  |

**I agree that the information in this pre-assessment and goal setting form is a realistic assessment of my needs and goals.**

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s signature: |  | Date: |  |
| Assessor’s signature: |  | Date: |  |
| IQA’s signature: |  | Date: |  |

**Progressive programme: warm-up**

**Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| Week 1Exercise name, intensity and time | Purpose – relating to goals, medical conditions, functional assessment | Teaching points | Adaptation/tailoring – state how the exercise (column 1) has been adapted/tailored for the client | Progression by week 12 | Progression by week 24 |
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**Progressive programme: warm-up continued**

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| Week 1Exercise name, intensity and time | Purpose – relating to goals, medical conditions, functional assessment | Teaching points | Adaptation/tailoring – state how the exercise (column 1) has been adapted/tailored for the client | Progression by week 12 | **Progression by week 24** |
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**Progressive programme: CV component**

**Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Week 1Exercise name, intensity and time | Purpose – relating to goals, medical conditions, functional assessment | Teaching points | Adaptation/tailoring – state how the exercise (column 1) has been adapted/tailored for the client | Progression by week 12 | **Progression by week 24** |
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**Progressive programme: CV component continued**

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| Week 1Exercise name, intensity and time | Purpose – relating to goals, medical conditions, functional assessment | Teaching points | Adaptation/tailoring – state how the exercise (column 1) has been adapted/tailored for the client | Progression by week 12 | Progression by week 24 |
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**Progressive programme: strength component**

**Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Week 1Exercise name, intensity and time | Purpose – relating to goals, medical conditions, functional assessment | Teaching points | Adaptation/tailoring – state how the exercise (column 1) has been adapted/tailored for the client | Progression by week 12 | Progression by week 24 |
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**Progressive programme: strength component continued**

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| Week 1Exercise name, intensity and time | Purpose – relating to goals, medical conditions, functional assessment | Teaching points | Adaptation/tailoring – state how the exercise (column 1) has been adapted/tailored for the client | Progression by week 12 | Progression by week 24 |
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**Progressive programme: cool down**

**Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Week 1Exercise name, intensity and time | Purpose – relating to goals, medical conditions, functional assessment | Teaching points | Adaptation/tailoring – state how the exercise (column 1) has been adapted/tailored for the client | Progression by week 12 | Progression by week 24 |
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**Progressive programme: cool down continued**

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| --- | --- | --- | --- | --- | --- |
| Week 1Exercise name, intensity and time | Purpose – relating to goals, medical conditions, functional assessment | Teaching points | Adaptation/tailoring – state how the exercise (column 1) has been adapted/tailored for the client | Progression by week 12 | Progression by week 24 |
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Case study/progressive programme checklist – Level 3 Award in Adapting Exercise for Independently Active, Older People

Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IQA’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The learner requires a “P” or “C” in all boxes to pass.
Questioning can be used and should be indicated by a “Q” and then a “P” or “R”, depending on the outcome.
P = Pass, R = Refer, Q – Question, C – Pass with comment

|  |  |
| --- | --- |
| **The learner:** | **Outcome** |
| 1. Identified the difference between behavioural goals and outcome goals
 |  |
| 1. Collected and recorded information from:- pre-existing health screening- assessment of functional capacity
 |  |
| 1. Explained accurately the findings of this screening/assessment
 |  |
| 1. Negotiated person-centred SMART goals (short, medium and long-term)
 |  |
| 1. Adhered to evidence-based guidelines when planning sessions within a progressive programme
 |  |
| 1. Produced a progressive programme that was tailor-made
 |  |
| 1. Produced a progressive programme that meets the clients functional needs
 |  |
| 1. Produced a progressive programme that meets the psychological needs of the client
 |  |
| 1. Produced a progressive programme that meets the clients goals
 |  |
| 1. Produced a progressive programme that contains the following session components: warm-up, main workout and cool down
 |  |
| 1. Recorded the programme in an appropriate format
 |  |
| Overall result |  |

For any assessor feedback or questioning, please refer to:

* Assessor feedback sheet
* Assessor question and response sheet

Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IQA’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessor feedback sheet**

Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Criterion number** | **Feedback** |
|  |  |

Learner’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IQA’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor question and response sheet

Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Assessor question** | **Learner’s response** |
|  |  |

Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IQA’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of achievement Level 3 Award in Adapting Exercise for Independently Active, Older Adult

Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessors name: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Centre’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IQA’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Assessment element** | **Assessment outcome %** | **Assessor’s signature and date** | **Action plan for achievement and evidence produced for exemption** | **Reassessment outcome** | **Assessor’s signature and date** |  | **Assessor’s signature for sign-off** | **IQA’s signature (if samples)** | **EQA’s signature (if sampled)** |
| 1 Theory paper: Considerations for safe and effective exercise for Independently active, older people | Pass %Refer %Exemption |  |  |  |  |  |  |  |
| 2 Worksheet:Plan and adapt exercise programmes for Independently active, older people, learning outcomes 1, 2, 3, 4 and 5 | PassRefer |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assessment element | Assessment outcome % | Assessor’s signature and date | Action plan for achievement and evidence produced for exemption | Reassessment outcome | Assessor’s signature and date |  | Assessor’s signature for sign-off | IQA’s signature (if samples) | EQA’s signature (if sampled) |
| 3 Case study and progressive programme:Plan and adapt exercise programmes for Independently active, older people, learning outcomes 3 and 6 | Pass Refer  |  |  |  |  |  |  |  |

Learner authenticity statement

I can confirm that the evidence provided for this qualification is entirely my own work

Learner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s sign-off statement

I confirm I am satisfied that the learner named above had provided evidence that is valid, authentic, reliable, current and sufficient to demonstrate the required knowledge, understanding and/or skills for the units signed off here.

Assessor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IQA’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_