



### Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and has many health benefits. Being more active is very safe for most people and should not pose any problems or hazard. The PAR-Q is an important, common sense questionnaire to help you answer some important questions before you begin to increase the amount of physical activity in your life.

The Par-Q is designed to help identify the small number of adults who may need medical advice before beginning an exercise program and to help decide what type of exercise and how much exercise are most appropriate for them.

Common sense is the best guide to answering these questions. Please answer the questions and check YES or NO as the answer applies to you. If you answer yes to any question, please explain at the end of the questionnaire.

YES    NO

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?            |
| _____ | _____ | 2. Do you feel pain in your chest when you do physical activity?   |
| _____ | _____ | 3. In the past month, have you had chest pain when you are not doing physical activity?  |
| _____ | _____ | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?  |
| _____ | _____ | 5. Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity? |
| _____ | _____ | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                           |
| _____ | _____ | 7. Do you know any other reason why you should not do physical activity?   |

YES Response, please explain:

\_\_\_\_\_

\_\_\_\_\_

If you answered NO to all the questions above, you can be reasonably sure that you can participate in aerobic and physical fitness activities and/or fitness evaluation testing. However, the fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, you may need written permission from a physician before participating in aerobic and physical fitness activities.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_