



Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advise concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check YES or NO opposite the question if it applies to you. If yes, please explain.

QUESTION	YES	NO
1. Has your doctor ever said you have heart trouble? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you frequently have pains in your heart and chest? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you often feel faint or have spells of severe dizziness? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a doctor ever said your blood pressure was too high? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you or have you been pregnant in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you currently taking any medications? If yes, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you currently have a disability or a communicable disease? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. 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, then you may need written permission from a physician before participating in physical and aerobic fitness activities.

Print name: Date of Birth:

Signature: Date: