

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 problem 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 advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the "yes" or "no" box opposite the question.

YES	NO	
		1. Has your doctor ever said you have heart trouble?
		2. Do you frequently have pains in your heart and chest?
		3. Do you often feel faint or have spells of severe dizziness?
		4. Has a doctor ever said your blood pressure is too high?
	such as arthri exercise?	5. Has your doctor ever told you that you have a bone or joint problem, tis, that has been aggravated by exercise or mightbe made worse with
	follow an activ	6. Is there a good physical reason not mentioned here why you should not vity program even if you wanted to?
		7. Are you over the age of 65 and not accustomed to vigorous exercise?

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS:

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness appraisal. Tell your physician what questions you answered yes to on PAR-Q, or present your PAR-Q copy.

After medical evaluation, seek advice from your physician as to your suitability for:

• unrestricted physical activity starting off easily and progressing gradually

• restricted or supervised activity to meet your specific needs, at least on an initial basis (Check in your community for special programs or services)

IF YOU ANSWERED NO TO ALL QUESTIONS:

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

• a graduated exercise program (a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort)

• a fitness assessment

Postpone exercise if you have a temporary minor illness, such as a common cold.

Participant's name:

Participant's signature:_____ Date:_____