

## Physical Activity Readiness Questionnaire (PAR-Q)

This PAR-Q is designed to help you to help yourself. Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step for you 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. The PAR-Q is 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 the best guide in answering these few questions. Please read them carefully and check (✓) the  YES or  NO opposite the question as it applies to you.

YES    NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have heart trouble?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have pains in your heart or chest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you often faint or have spells of severe dizziness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has your doctor ever said your blood pressure was too high?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse by exercise?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has your doctor ever recommended medication for your high blood pressure or a heart condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you aware through your own experience, or a doctor's advice, of any other physical reason against your exercising without medical supervision? |

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Please PRINT Name

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Participant's Signature

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Date