



Physical Activity Readiness Questionnaire

PAR-Q

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor.

Common sense is your best when answering these questions. Please read carefully and answer each one honestly: check YES or NO.

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by your doctor? | <input type="radio"/> | <input type="radio"/> |
| 2. Do you feel pain in your chest when you do physical activity? | <input type="radio"/> | <input type="radio"/> |
| 3. In the past month, have you had a chest pain when you were not doing physical activity? | <input type="radio"/> | <input type="radio"/> |
| 4. Do you lose balance because of dizziness or do you ever lose consciousness? | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? | <input type="radio"/> | <input type="radio"/> |
| 6. Is your doctor currently prescribing medication for your blood pressure or heart condition? | <input type="radio"/> | <input type="radio"/> |
| 7. Do you know of <u>any other reason</u> why you should not do physical activity? | <input type="radio"/> | <input type="radio"/> |

If yes, please comment:.....

Yes to one or more questions: You should consult with your doctor to clarify that it's safe for you to become physically active at this current time and in your current state of health.

No to all questions: You can be reasonable sure that it is safe for you to participate in physical activity, gradually building up from your current ability. A full fitness appraisal can help to determine your fitness level.

“I have read and understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury”

Clients Name:	Trainers Name:
Clients Date of Birth:	
Signature:	Signature:
Date:	Date:

Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.

Signature:	Date:
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