



Physical Activity Readiness-Questionnaire (PAR-Q)

Name: _____ Date: _____

Emergency Contact:

(Name) _____ (Relationship) _____

Telephone:

(Day) _____ (Eve) _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- | | | |
|---|---|--|
| Y | N | 1. Has a physician ever said that you have a heart condition and that you should only do physical activity recommended by a physician? |
| Y | N | 2. Do you feel pain in your chest when you do physical activity? |
| Y | N | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| Y | N | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| Y | N | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| Y | N | 6. Are you pregnant or post-partum? |
| Y | N | 7. Do you have insulin dependent diabetes? |
| Y | N | 8. Do you have asthma, COPD, or any respiratory disorder that could be made worse with exercise? |
| Y | N | 9. Do you know of <u>any other reason</u> why you should not do physical activity? |

IF YOU ANSWERED:

YES to one or more questions:

Talk to your physician by phone or in person **BEFORE** you start becoming more physically active. Tell your physician about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want – as long as you start slow and progress gradually
- You may need to restrict your activities to those which are safe for you
- Follow your physician's advice about the kinds of activities recommended

NO to all questions:

If you honestly answered no to all questions, you can be reasonably sure that you can:

- Start becoming more physically active.
- Begin to take part in a fitness training program
- Remember to start slow and build up gradually

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Participant's

Signature: _____ Date: _____

Signature of Parent/

Guardian: _____ Witness: _____