

Physical Activity Readiness Questionnaire (PAR-Q)



If you are between the age 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 you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO
2. Do you feel pain in your chest when you do physical activity? YES NO
3. In the past month, have you had chest pain when you were not doing physical activity? YES NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
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? YES NO
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES NO
7. Do you know of any other reason why you should not do physical activity? YES NO

If YES, please comment and list anything else e.g. *asthma*

YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

NO to all questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional and ask whether you should change your physical activity plan.

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

Signature _____

Print Name _____

Date _____

Parent or guardian if participant is under 18 Signature _____

Print Name _____

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 _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date of completion and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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