



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 problems 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 the carefully and check **YES** or **NO** opposite the question if it applies to you.

YES **NO**

- ___ ___ 1. Has your doctor ever said you have heart trouble?
- ___ ___ 2. Do you frequently have pain 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 was too high?
- ___ ___ 5. Has a doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse with exercise?
- ___ ___ 6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?
- ___ ___ 7. Are you over age 55 **and** not accustomed to vigorous exercise?

If you answered YES to one or more questions... and 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 test.

If you answered NO to all questions... and you answered PAR-Q accurately, you have reasonable assurance of your present suitability for an exercise test.

In addition to the PAR-Q questions above, are there any physical limitations/issues that the trainer should be aware of that will affect your ability to execute exercise? (ie. history of back pain, knee surgery, previous injuries to joints, pregnancy or recently pregnant, etc.)

Client Print Name _____ Client Signature _____ Date _____

Parent or Guardian Print Name (if under 18) _____ Parent or Guardian Signature _____ Date _____