



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

Date: _____ DOB: _____ Age: _____

Home Phone: _____ Work Phone: _____

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: (Tick the appropriate answer)

- | | | |
|--|----------------------------|----------------------------|
| 1. Do you have a heart condition and should only do physical activity recommended by a physician? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. When you do physical activity, do you feel pain in your chest? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. When you were not doing physical activity, have you had chest pain in the past month? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Do you ever lose consciousness or do you lose your balance because of dizziness? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. Is a physician currently prescribing medications for your blood pressure or heart condition? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7. Are you pregnant? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 8. Do you know of any other reason you should not exercise or increase your physical activity? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

If you answered yes to any of the above questions, talk with your doctor BEFORE you become physically active. Tell your doctor of your intention to exercise and which questions you answered 'yes' to. If at any stage your health changes, resulting in a 'yes' answer to any of the above questions, please seek guidance from a GP.

Participant's Signature: _____

Date: _____

