

Physical Activity Readiness (PAR-Q) Questionnaire

The following PAR-Q screening questionnaire is to identify high-risk individuals without inhibiting their participation in exercise programs. The PAR-Q is a self-administered questionnaire that primarily focuses on symptoms that might suggest angina pectoris. Participants are directed to contact their personal physician if they answer "yes" to one or more of the below questions.

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid when a participant answers YES to any of the below questions.

This questionnaire should be completed when the participant registers at the facility

If you are planning to become more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 n 69, the PAR-Q will tell you if you should check with your doctor before you begin your exercise program. **If you are over the age of 69, and you are not used to being very active, check with you doctor** and have your doctor complete the Medical Referral Form. Common sense is you best guide to answering the questions. Please read the questions carefully and answer each one honestly

	Yes	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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you developed chest pain in the past month no doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your physician ever prescribed drugs for you blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware, through your own physical experience or a physician's advice, of any physical reason that would prohibit you from exercising without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered:

"Yes" to any one or more of the questions	"No" to all questions
Have your physician complete the <i>Medical Referral Form</i> BEFORE you start becoming more physical active. Tell you physician about the PAR-Q and which questions you answered YES	If you answered No honestly to ALL of the above questions, you can be reasonably sure you can exercise at a controlled progressive rate.
<ul style="list-style-type: none">You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk to your physician about the kinds of activities you wish to participate in and follow his/her advice	<ul style="list-style-type: none">You may begin to become much more physically active. (Begin slowly and build up gradually)You may take part in a fitness appraisal. This is an excellent way to determine your basic fitness.
<ul style="list-style-type: none">Find out which community programs are safe and helpful for you	Delay Becoming Much More Active If: <ul style="list-style-type: none">You are not feeling well because of illness or feverYou are or may be pregnant

Note: If the PAR-Q is being given to a person BEFORE they participate in a physical activity program, this section may be used for legal purposes.

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

Name_____

Signature_____Date_____

Signature of Parent or Guardian_____Witness_____