

Physical Activity Readiness Questionnaire (PAR - Q)



If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. 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**

	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. In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please comment:

Yes to one or more questions You should consult your doctor to clarify that it is safe for you to become physical active at this current time an in your current state of health.

No to all questions You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level. A full fitness appraisal can help to determine your fitness.

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

Clients Name.....	Trainers Name.....
Signature.....	Signature.....
Date	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 it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.