Physical Activity Readiness Questionnaire (PAR - Q)



If you are planning to become much more physically active than you are now, start by answering the nine 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 h	nonestly: YES / NO	YES	NO
1	Has your doctor ever said that you have a heart cophysical activity recommended by a doctor?	ondition and that you should only do		
2	Do you feel pain in your chest when you do physic	al activity?		
3	In the past month, have you had chest pain when	you were not doing physical activity?		
4	Do you lose your balance because of dizziness or	do you ever lose consciousness?		
5	Do you have a bone or joint problem (for example worse by a change in your physical activity?	back, knee or hip) that could be made		
6	Have you had any surgery in the last 12 months?			
7	Have you given birth in the last 9 months?			
8	Is your doctor currently prescribing drugs (for exact or heart condition?	mple, water pills) for your blood pressure		
9	Do you know of any other reason why you should	not do physical activity?		
	If Yes to any of the above, please give details:			
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 9 questions.











