

# Physical Activity Readiness Questionnaire (PAR-Q)

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 problem or hazard. PAR-Q is 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 the best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

1	Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse by exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do you have high blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Do you have low blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Do you have Diabetes Mellitus or any other metabolic disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Has your doctor ever said that you have a heart condition and that you should do physical activity recommended by a doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Have you ever felt pain in your chest when you do physical exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Is your doctor currently prescribing you drugs or medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Have you ever suffered from unusual shortness of breath at rest or with mild exertion?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Is there any history of Coronary Heart Disease in your family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Do you often feel faint, have spells of severe dizziness or have lost consciousness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Do you currently smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Do you NOT currently exercise on a regular basis (at least 3 times a week) and/or work in a job hat is physically demanding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Are you, or is there any possibility that you might be pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Do you know of any other reason why you should not participate in a program of physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you answered:**

**Yes to one or more questions:**

If you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity and/or taking a fitness appraisal. Tell your doctor what questions you answered 'yes' to on PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your doctor as to your suitability for:

- Unrestricted physical activity starting off easily and progressing gradually, and
- Restricted or supervised activity to meet your specific needs, at least on an initial basis

**No to all questions:**

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- A graduated exercise program
- A fitness appraisal

**Assumption of Risk**

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities that may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Client's Name:	Trainer's Name:
Client's Signature:	Trainer's Signature:
Date:	Date:
Address of Client:	email Address:
	Telephone Number:
Emergency Contact Name and Number:	
Doctors Name and Number:	

Additional Note: I have taken medical advice and my doctor has agreed that I should exercise.

Signature: ..... Date: .....