



Physical Activity Readiness Questionnaire PAR-Q

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a **PAR-Q** is a sensible first step to take if you are planning on increasing the amount of physical activity in your life. For most people physical activity should not pose a problem or hazard. **PAR-Q** has been 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 your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question.

1. Has your doctor ever said you have heart trouble?	Yes	No
2. Do you frequently have pains in your heart or chest?	Yes	No
3. Do you tend to lose consciousness or fall over as a result of dizziness?	Yes	No
4. Do you have a bone or joint problem that could be or has been aggravated by exercise?	Yes	No
5. Has your doctor ever recommended medication for your blood pressure or a heart condition?	Yes	No
6. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?	Yes	No
7. Are you over the age of 65 and not accustomed to vigorous exercise?	Yes	No
If you answered YES to one or more of the above questions, please answer the following questions:		
8. Have you consulted with your physician regarding increasing your physical activity and/or performed a fitness assessment? _____ INITIALS	Yes	No
9. If you answered NO to question 8 , will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment? _____ INITIALS	Yes	No
NAME _____ SIGNATURE _____ DATE _____	Yes	No
TRAINERS NAME _____ SIGNATURE _____		

ISSUE	EXPLANATION
<input type="checkbox"/> Do you suffer from neck pain?	
<input type="checkbox"/> Do you suffer from shoulder pain?	
<input type="checkbox"/> Do you suffer from hip pain?	
<input type="checkbox"/> Do you suffer from knee pain?	
<input type="checkbox"/> Do you suffer from foot pain?	
<input type="checkbox"/> Do you suffer from back pain?	
<input type="checkbox"/> Arthritis or Bursitis?	
<input type="checkbox"/> Hernia? Either in the abdominal or back region.	
<input type="checkbox"/> Do you experience stiff, swollen or painful joints?	
<input type="checkbox"/> Have you ever broken any bones?	
<input type="checkbox"/> Are you sensitive to touch/pressure in any area?	
<input type="checkbox"/> Do you have tension or soreness in a specific area?	
<input type="checkbox"/> Do you have numbness or stabling pains anywhere?	
<input type="checkbox"/> Have you ever been advised by a physician to avoid any type of exercise?	