

Physical Activity Readiness Questionnaire PAR-Q



Yes No

- _____ _____ 1. Has a doctor ever said that you have a heart condition and recommend only medically supervised activity?
- _____ _____ 2. Do you have chest pain brought on by physical activity?
- _____ _____ 3. Have you developed chest pain in the past month?
- _____ _____ 4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?
- _____ _____ 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
- _____ _____ 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?
- _____ _____ 7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?
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If you answered YES to one or more of the questions above, please answer and initial the following questions:

- _____ _____ 8. Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment? **Initials** _____
- _____ _____ 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** _____

NAME: _____ DATE: _____