

Physical Activity Readiness Questionnaire (PAR-Q)



Name:		Date:	
Address:			
City:			
Telephone (Day):		(Eve):	
Gender:		Date of Birth:	Age:
Email: (list only if checked daily):			
Emergency Contact:			
Name:		Relationship:	
Telephone (Day):		(Eve):	

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- 1) Has a physician ever said you have a heart condition, and you should only do physical activity recommended by a physician? Yes ☐ No ☐
- 2) When you do physical activity, do you feel pain in your chest? Yes ☐ No ☐
- 3) When you were not doing physical activity, have you had chest pain in the past month? Yes ☐ No ☐
- 4) Do you ever lose consciousness or do you lose your balance because of dizziness? Yes ☐ No ☐
- 5) Do you have a joint or bone problem that may be made worse by a change in your physical activity? ... Yes ☐ No ☐
- 6) Is a physician currently prescribing medications for your blood pressure or heart condition? Yes ☐ No ☐
- 7) Are you pregnant or post-partum? Yes ☐ No ☐
- 8) Do you have insulin dependent diabetes? Yes ☐ No ☐
- 9) Are you a man over the age of 45 or a woman over the age of 55? Yes ☐ No ☐
- 10) Do you know of any other reason you should not exercise or increase your physical activity? Yes ☐ No ☐

Comments:

If you answered...

YES to one or more questions: It is strongly recommended that you have a Medical Authorisation Form completed BEFORE you become significantly more physically active.

NO to all questions: If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can become more physically active and take part in a fitness training program.

Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.	
Participant's Signature:	Date:
Signature of Parent/Guardian:	Witness:

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