PAR-Q

Physical Activity Readiness Questionnaire

Regular physical activity is part of a healthy, balanced lifestyle. If you are planning to become more physically active, start by answering the following questions. Individuals of any age should check with their doctor before beginning a fitness program. This questionnaire is designed for people aged 15 to 70.

Please answer the following questions honestly with a YES or a NO:

YES NO 1. Has your doctor ever diagnosed you with a heart condition AND told you to only do physical activity they can supervise?

YES NO 2. Does your doctor currently prescribe you drugs for your blood pressure or heart condition?

YES NO 3. Do you feel chest pain during physical activity?

YES NO 4. Do you lose your balance due to dizziness OR have you lost consciousness in the last 12 months?

YES NO 5. Do you have a bone, joint, or soft tissue problem that may be irritated by physical activity?

YES NO 6. In the past 30 days have you had chest pain at any point?

YES NO 7. Do you have any other reason to NOT do physical activity?

If you answered YES to one or more questions:

Talk to your doctor BEFORE you begin physical activity and BEFORE completing any fitness assessments. Discuss the questions you answered yes to with your doctor. Fin our what activity you are cleared to partake in and any next steps your doctor wishes you to take.

If you answered NO to all questions:

If you answered no honestly to all PAR-Q questions, you may

- Become more physically active- start slowly and build up gradually.
- Take part in fitness assessments.
- Consult with a fitness professional for guidance.

DELAY becoming more active:

- If you are not feeling well
- If you are or may become pregnant
- If your health suddenly changes

SIGN and RETURN a copy of this form to your fitness professional.

"I have read, understood to my satisfaction, and completed this questionnaire. I acknowledge that my fitness professional may retain a copy of this form for their records and it will be kept with confidentiality in compliance with applicable laws."

Name _____ Date _____

Signature _____ Witness _____

Signature of parent/guardian/care provider (if applicable) _____

NOTE: The PAR-Q is intended to be completed prior to participation in a fitness assessment or physical activity. This activity clearance is valid for 12 months from the date completed and becomes INVALID should your health change and you may answer YES to any of the above questions.