

# Physical Activity Readiness Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Consultant: \_\_\_\_\_

*For most people physical activity should not pose any problem or hazard, PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate at certain levels or those who should have medical advice concerning the type of activity most suitable for them.*

INITIALS	YES	NO	
			Has your doctor ever said you have heart trouble?
			Do you frequently have pains in your heart and chest?
			Do you often feel faint or have spells of severe dizziness?
			Has a doctor ever said your blood pressure was too high?
			Do you smoke?
			Do you have Diabetes?
			Do you have a family history of heart disease?
			Has your doctor ever told you that you have a bone or joint problem - such as arthritis - that has been aggravated by exercise or might be made worse with exercise?
			Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
			Are you over age 65 and not accustomed to vigorous exercise?
<i>If you answered yes to one or more of the above questions, please answer the following:</i>			
			Have you consulted with your physician regarding increasing your physical activity and/or taking a fitness evaluation?
			If NO to the question above, you will consult your physician prior to increasing your physical activity and/or taking a fitness evaluation.