

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 PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults (over 18's) for whom physical activity might be inappropriate or those who should seek medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read carefully and check **YES** or **NO** opposite the question if it applies to you.

QUESTION	YES	NO
1. Has your doctor ever said you have heart trouble?		
2. Do you frequently have pains in your heart and chest?		
3. Do you often feel faint or have spells of severe dizziness?		
4. Has your doctor ever said your blood pressure was too high?		
5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?		
6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?		
7. Are you or have you been pregnant in the last 6 months?		
8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?		
9. Are you currently taking any medications?		
10. Do you currently have a disability or a communicable disease?		

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise and if you are in any doubt, you should seek medical advice. If you answered YES to any of the above questions, then you will need written permission from a physician before we allow you access to the Gym.

Print Name

Signature

Date

Room No.

OFFICE USE

Date Form Received	
Received and reviewed by (PRINT NAME)	
Comments/actions	
Approved by	