



## Physical Activity Readiness Questionnaire (PAR-Q)

Many 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 a problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate of this who should seek medical advise concerning the type of activity most suitable for them. Common sense is the best guide in answering these few questions. Please read thoroughly and circle the correct answer opposite the question if it applies to you.

Do you have a blood relative that has suffered from a heart disease?	Y/N
Do you have elevated cholesterol?	Y/N
Do you have a heart condition?	Y/N
Have you ever experienced chest pains when exercising?	Y/N
Have you ever experienced chest pains when not exercising?	Y/N
Do you feel dizzy / lose your balance / ever lost consciousness?	Y/N
Do you suffer from any bone or joint problems?	Y/N
Do you take prescribed drugs for health reasons?	Y/N
Do you know of any reason why you should not participate in a programme of physical activity?	Y/N

### If you answered 'Yes' to one or more questions:

If you have not recently done so, consult your doctor by telephone, or in person before increasing your physical activity and/or taking fitness appraisal. Tell your doctor what questions you answered 'yes' to on your PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your doctor as to your suitability for unrestricted physical activity starting off easily and progressing gradually, and restricted or supervised activity to meet your specific needs, at least on an initial basis.

### No to all questions:

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for a gradual exercise programme and fitness appraisal.

### Assumption of Risk

I hereby state that i have read, understood and answered honestly the questions above. I also state that i wish to participate in activities that might include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involve the risk of injury and even possibly of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Name:

Signature:

Date: