

Physical Activity Readiness Questionnaire (PAR-Q)

The PAR-Q is a simple but valuable screening tool used to identify individuals who should not be tested in this field setting without a physician's clearance. This PAR-Q has been used in Canada and throughout North America. Proceed with caution if the individual says "yes" to one or more questions. In general, a "yes" answer may require written physician clearance before the client may undergo fitness testing.

Yes

No

- | | | | |
|-------|-------|----|---|
| _____ | _____ | 1. | Has your doctor said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| _____ | _____ | 2. | Do you feel pain in your chest when you do physical activity? |
| _____ | _____ | 3. | In the past month, have you had chest pain when you are not doing physical activity? |
| _____ | _____ | 4. | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| _____ | _____ | 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| _____ | _____ | 6. | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| _____ | _____ | 7. | Do you know of any other reason why you should not take this fitness assessment? (If so, explain) |

Name: _____ **Date:** _____

Signature: _____