Physical Activity Readiness Questionnaire - PAR-Q

PAR - Q & YOU)

OSWESTRY PAIN MANAGEMENT PROGRAMME

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: CHECK Yes or NO

YES	NO	
☐	☐	1. Has your Doctor ever 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 were not doing physical activity?
☐	☐	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
☐	☐	5. Other than your back, do you have any other joint or bone problem that could be made worse by a change in your physical activity?
☐	☐	6. Is your doctor currently prescribing drugs (for example, water tablets) for your blood pressure or heart condition?
☐	☐	7. Do you know of any other reason why you should not do physical activity?

NOTE: If the PAR - Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME:_____ DATE: ------/------/-----

SIGNATURE:_____

WITNESS:_____ DATE: ____/____/____