



Physical Activity Readiness Questionnaire (PAR-Q)

Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

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 _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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Health Questionnaire

Name _____ Date _____

Address _____

Gender _____ Birthday _____ E-mail _____

Telephone (W) _____ Telephone (H) _____

Regular physical activity is fun and healthy and for most people safe. However, some individuals may have health-related risks that might require them to check with their physician prior to starting an exercise program. To help determine if there is a need for you to see your physician before starting an exercise program, please read the following questions and answer carefully.

All information will be kept in the strictest confidentiality. In addition to the health history questions, we have also listed several questions pertaining to your interests and goals for participating in an exercise/physical activity program.

I. PHYSICAL ACTIVITY SCREENING QUESTIONS

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your physician ever told you that you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you experience pain in your chest when you are physically active? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you experienced chest pain when not performing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your physician currently prescribing medications for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not participate in a program of physical activity? |

If you answered yes to any of the above questions, it is recommended that you consult with your physician via phone or in person before having a fitness test or participating in a physical activity program.

II. GENERAL HEALTH HISTORY QUESTIONS

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever experienced a stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have diabetes? If yes, are you currently taking any medications or receiving other treatment related to the diabetes? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have asthma or another respiratory condition that causes difficulty with breathing? If yes, please describe. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have any orthopedic conditions that would restrict you in performing physical activity? If yes, please describe. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been told by a physician that you have one of the following? (check applicable boxes) <input type="checkbox"/> High blood pressure <input type="checkbox"/> Elevated blood lipids, including cholesterol |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you currently smoke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you experienced within the past 6 months back pain or discomfort that prevented you from carrying out normal daily activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you currently exercise less than one hour per week? If you answered no, please describe your activities: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you currently taking any medications that might impact your ability to safely perform physical activity? |



I. ACTIVITY RELEASE AGREEMENT: ADULT

I am voluntarily participating in an athletic or physical activity (_____) with full knowledge and understanding and appreciation of the risks of injury inherent in any physical exercise, massage or therapy program, physical activity, or athletic activity and expressly assume all risks of injury and even death, which could occur by reason of my participation. I release the club from any liability and agree not to sue the club with respect to any cause of action for bodily injury, property damage, or death occurring to me as a result of my participation in the activity.

I understand that all personal property brought to the club is brought at my sole risk as to its theft, damage, or loss.

Participant	Witness
Signature _____	Signature _____

Date _____	Date _____
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Printed name _____	Printed name _____
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II. FOR MEMBERSHIP/ATHLETIC USE ONLY

Category 1 _____ Category 2 _____ Category 3 _____

American College of Sports Medicine. *ACSM's Health/Fitness Facility Standards and Guidelines*, 3rd ed. Champaign, IL: Human Kinetics; 2007. 135-136.

RISK STRATIFICATION

Appropriate recommendations for medical examination, physical activity/exercise, exercise testing, and physician supervision are made based on a risk stratification process that assigns participants into one of three risk categories: (a) low, (b) moderate, or (c) high risk (Table 2.1). The process by which individuals are assigned to one of these risk categories is called risk stratification and is based on:

- The presence or absence of known cardiovascular, pulmonary, and/or metabolic disease
- The presence or absence of signs or symptoms suggestive of cardiovascular, pulmonary, and/or metabolic disease
- The presence or absence of CVD risk factors

Low risk: Individuals classified as low risk are those who do not have signs/symptoms of or have diagnosed cardiovascular, pulmonary, and/or metabolic disease and have no more than one (i.e., ≤ 1) CVD risk factor. The risk of an acute cardiovascular event in this population is low, and a physical

TABLE 2.1. ACSM RISK STRATIFICATION CATEGORIES FOR ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

Low risk	Asymptomatic men and women who have ≤ 1 CVD risk factor from Table 2.3
Moderate risk	Asymptomatic men and women who have ≥ 2 risk factors from Table 2.3
High risk	Individuals who have known cardiovascular, ^a pulmonary, ^b or metabolic ^c disease <i>or</i> one or more signs and symptoms listed in Table 2.2

ACSM, American College of Sports Medicine; CVD, cardiovascular disease.

^aCardiac, peripheral vascular, or cerebrovascular disease.

^bChronic obstructive pulmonary disease, asthma, interstitial lung disease, or cystic fibrosis.

^cDiabetes mellitus (type 1, type 2), thyroid disorders, renal, or liver disease.

activity/exercise program may be pursued safely without the necessity for medical examination and clearance (1,20,22,23).

Moderate risk: Individuals classified as moderate risk do not have signs/symptoms of or diagnosed cardiovascular, pulmonary, and/or metabolic disease, but have two or more (i.e., ≥ 2) CVD risk factors. The risk of an acute cardiovascular event in this population is increased, although in most cases, individuals at moderate risk may safely engage in low- to moderate-intensity physical activities without the necessity for medical examination and clearance. However, it is advisable to have a medical examination and an exercise test before participation in vigorous intensity exercise (i.e., $>60\% \dot{V}O_{2R}$) (14,15).

High risk: Individuals classified as high risk are those who have one or more signs/symptoms of or diagnosed cardiovascular, pulmonary, and/or metabolic disease. The risk of an acute cardiovascular event in this population is increased to the degree that a thorough medical examination should take place and clearance given before initiating physical activity or exercise at any intensity.

The exercise or health/fitness professional may evaluate the individual's medical/health history information and follow a logical sequence considering this risk-stratification process to determine into which appropriate risk category an individual should be placed. Exercise or health/fitness professionals should have a thorough knowledge of (a) the criteria for known cardiovascular, pulmonary, and metabolic diseases; (b) the descriptions of signs and symptoms for these diseases; (c) the specific criteria that determine the CVD risk-factor schemes; and (d) the criteria for each risk category. The flow chart in Figure 2.3 may be used to move sequentially through the process to determine the risk-category placement for each individual.



Physician's Statement and Clearance Form

At **Fitcorp**, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine and the International Health, Racquet and Sportsclub Association.

On the Health History Questionnaire you just completed, you identified that you have one or more coronary and/or other medical risk factors that may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you can begin exercising at **Fitcorp**.

We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience at **Fitcorp** to be as safe as possible.

In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it right back to us. In many cases the delay is only one day.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at (your organization). All information will be kept confidential.

Patient's signature _____ Date _____

Information requested for _____

Reason for medical clearance _____

Physician's name _____

Phone _____ Fax _____

Address _____

For Physician Use Only

Please check one of the following statements:

☐ I concur with my patient's participation with no restrictions.

☐ I concur with my patient's participation in an exercise program if he/she restricts activities to:

☐ I do not concur with my patient's participation in an exercise program (if checked, the individual will not be allowed to join [your organization]).

Reason _____

Physician's name (type or print) _____

Physician's signature _____ Date _____

Please return fax to: General Manager _____

Phone _____ **Fax** _____

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American College of Sports Medicine. *ACSM's Health/Fitness Facility Standards and Guidelines*, 3rd ed. Champaign, IL: Human Kinetics; 2007. 107.



Agreement and Release of Liability Form

1. In consideration of gaining membership or being allowed to participate in the activities and programs of _____ and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge _____ and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of _____ or the use of any equipment at _____. **(Please initial _____)**
2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Please initial _____)**
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of _____ or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. **(Please initial _____)**

Date _____ Signature _____

Note. The law varies from state to state. No form should be adopted or used by any program without individualized legal advice. Reprinted, by permission from D Herbert, 1989, "Avoiding allegations of misrepresentation/fraud in program documents," *The Exercise Standards and Malpractice Reporter* 3(2):30-31. American College of Sports Medicine. *ACSM's Health/Fitness Facility Standards and Guidelines*, 3rd ed. Champaign, IL: Human Kinetics; 2007. 109.