



Physical Activity Readiness Questionnaire



This PAR-Q has been identified as a sensible first step to take if you are planning to increase the amount of physical activity in your life.

Please read the following questions carefully and tick the YES or NO option.

Q 1. Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?

Yes ☐ No ☐

Q 2. Do you have chest pain brought on by physical activity?

Yes ☐ No ☐

Q 3. Have you developed chest pain at rest in the past month?

Yes ☐ No ☐

Q 4. Do you lose consciousness or lose balance as a result of dizziness?

Yes ☐ No ☐

Q 5. Do you have a bone or joint problem that could be aggravated by an increase in physical activity?

Yes ☐ No ☐

Q 6. Is your doctor currently prescribing medication for your blood pressure or heart condition? (diuretics or water pills)

Yes ☐ No ☐

Q 7. Are you aware, through your own experience or a doctor's advice, of any other reason against you exercising without medical approval?

Yes ☐ No ☐

If you answer yes to one or more of the above questions, you should talk to your GP before undertaking an exercise programme.

I have read, understood and completed this questionnaire.

Name: _____

Signature: _____ Date _____