

healthy lifestyle

Physical Activity Readiness Questionnaire (PAR-Q)

A SELF ADMINISTERED QUESTIONNAIRE FOR ADULTS ¹

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of the 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 any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate, or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide to answering these questions. Please read them carefully and check the NO or YES box opposite the question as it applies to you.

- | | NO | YES |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever said that you have heart trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have chest pain brought on by physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you developed chest pain within the past month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you tend to lose consciousness, often feel faint or fall over as a result of dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your doctor ever said your blood pressure was too high? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you over the age of 65 and not accustomed to vigorous exercise? | <input type="checkbox"/> | <input type="checkbox"/> |

Participant's Name: _____

Signature: _____

(To be signed during the first session of *Healthy Lifestyle*) Date: _____

¹ Thomas, Reading, and Shepard, "Revision of the Physical Activity Readiness Questionnaire," *Canadian Journal of Sport Science*, 1992, 17: 338-345.

Please Note:

If you answered 'Yes' to one or more questions, then you must have the medical release below signed by your doctor before you will be permitted to participate in *Healthy Lifestyle*.

Once your doctor has signed it, please return the complete form to the person who gave it to you. This must be done prior to the program start according to the instructions that were given to you. During the first session you will be given the form to personally sign. This is a legal requirement for all participants.

Medical Release

I have read the responses to the PAR-Q and grant permission for the person below to participate in *Healthy Lifestyle*.

Applicant's name: _____

Doctor's name: _____

Doctor's signature: _____

Date: _____



Any qualifying comments that the fitness instructor should be briefed on.
