Physical Activity Readiness Questionnaire (PAR-Q)

For most people physical activity, if approached appropriately, should not pose any significant hazard. PAR-Q has been designed to try to identify the adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

1. Has your doctor ever said you have heart trouble or any other significant disease or condition?

2. Do you suffer from pains in your chest, often feel faint, have spells of severe dizziness or have you experienced other abnormal physical perceptions?

3. Has a doctor ever told you that you have a bone or joint problem (such as arthritis) that has been aggravated by exercise or might be made worse with exercise?

4. Are you taking any medications that would affect your ability to exercise or be affected by exercise?

5. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?

MAJOR CORONARY ARTERY DISEASE RISK FACTORS

6. Do you have any history of high blood pressure (above 145/95)?

7. Do you have elevated total serum cholesterol levels >240mg/dl and/or low HDL cholesterol levels <35mg/dl?

8. Do you smoke cigarettes?

9. Do you have an abnormal resting ECG - including evidence of old myocardial infarction, left ventricular hypertrophy, ischemia, conduction defects, dysrhythmia?

10. Do you have a family history of coronary or other atherosclerotic disease prior to age 55?

11. Do you have diabetes mellitus?

Signature ____________________________ Date __________

Age ______ Gender ______

INDIVIDUALS WHO REQUIRE A PHYSICIAN REFERRAL:

- Individuals at any age who -
  - Have any significant disease or condition.
  - Have symptoms indicating any significant disease or condition.
  - Answered yes to any of the PAR-Q questions 1 - 5.

- Individuals 35 years or older with any major coronary artery disease risk factor.

- Individuals 45 years or older regardless of risk.