Physical Activity Readiness Questionnaire (PAR-Q)

For most people, physical activity should not pose any problem or hazard. This questionnaire 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 suitable type of activity.

1. Has your doctor ever said you have heart trouble?  
   Yes  No

2. Do you frequently suffer from chest pains?  
   Yes  No

3. Do you often feel faint or have spells of severe dizziness?  
   Yes  No

4. Has a doctor ever said your blood pressure was too high  
   Yes  No

5. Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by, or might be made worse with exercise  
   Yes  No

6. Is there any other good physical reason why you should not follow an activity program even if you want to?  
   Yes  No

7. Are you 65 and not accustomed to vigorous exercise  
   Yes  No

If you answer “yes” to any question, vigorous exercise or exercise testing should be postponed. Medical clearance may be necessary.

I have read this questionnaire, I understand it does not provide a medical assessment in lieu of a physical examination by a physician.

Participant's signature__________________________ Date ____________

Investigator's signature__________________________ Date ____________

Adapted from PAR-Q Validation Report, British Columbia Department of Health, June, 1975.

Reference: