

PAR-Q & YOU

For most people, physical activity should not pose any problems or hazards. 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 activity most suitable for them. 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.

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 <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do 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 <u>any other reason</u> 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 increasing your physical activity, taking a fitness test or having a fitness appraisal

NO to all questions

If you answered PAR-Q accurately, you can be reasonably sure that you can:

- ➔ Begin an exercise program with your personal health coach.
- ➔ Take part in a fitness appraisal.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____