

Physical Activity Readiness Questionnaire (PAR-Q)

Print Name:______Today's Date:______

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the questions below. This screening form is provided to inform you of the potential risk of injury that exists when initiating a physical activity program. This risk increases with the greater number of items checked. 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. If you are over 69 years of age, and you are not used to being very active, check with your doctor before becoming much more physically active.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. All information will remain confidential.

| Yes | No | |
|-----|----|--|
| | | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| | | Do you feel pain or discomfort in your chest when you do physical activity? |
| | | In the past month, have you had chest pain when you were not doing physical activity? |
| | | In the past 6 months, have you experienced rapid throbbing or fluttering of the heart while at rest? |
| | | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| | | In the past 6 months, have your experienced shortness of breath with mild activity (e.g. walking up stairs)? |
| | | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| | | Is your doctor currently prescribing medication for your blood pressure or heart condition? |
| | | Do you experience swelling in your ankles that is unrelated to a previous injury? |
| | | Do you have diabetes? |
| | | Do you have asthma, emphysema, or bronchitis? |
| | | Are you, or might you be pregnant? |
| | | Do you know of any other reason why you should not do physical activity? |
| | | |

| | YES to one or more questions | | |
|----------|---|--|--|
| | The information you checked in the above list indicates that engaging in an exercise program places you at higher risk for injury. It is strongly | | |
| | recommended that you talk to your doctor BEFORE becoming much more physically active or BEFORE you have a fitness appraisal. Tell your | | |
| 100 doo | loctor about the PAR-Q and which questions you answered YES. | | |
| Answered | You may be able to do any activity you want – as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which activities are safe and helpful for you. | | |

| NO to all questions \Rightarrow | Delay becoming much more active: If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better |
|--|--|
| If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can: Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. | Please note: If your health changes so that you then answer YES to any of the questions, tell your fitness or health professional. Ask whether you should change your physical activity plan. |

Informed use of the PAR-Q: The Board of Trustees of Southern Illinois University, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees, assume no liability or responsibility for persons who complete the PAR-Q and/or undertake physical activity. By signing below, I acknowledge and agree that I am aware that there are risks, hazards, and dangers inherent in physical activity. I hereby assume any and all such risk and accept that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparations, conditioning, and training. If, after completing this PAR-Q, I have any doubt about my readiness to undertake physical activity, I will consult a physician prior to such physical activity.

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

Participant Signature_____

Date

Parent or Guardian_____

(If participant is under 18 years of age)

Participant email

(required if "yes" is marked in response to any of the above questions)

Staff Signature

Date____

Adapted from the American Medical Association: Guides to the Evaluation of Permanent Impairment. AMA, Chicago, 1990.