PAR-Q

Physical Activity Readiness Questionnaire

Regular physical activity is associated with many health benefits.

The PAR-Q questionnaire is designed to help manage the risks related to physical activity, ensuring a low level of risk during moderate-intensity exercise.

Please read each question carefully and answer YES or NO.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO

2. Do you feel pain in your chest when you do physical activity? YES NO

3. In the past month, have you had chest pain when you were not doing physical activity? YES NO

4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO

5. Do you have a bone or joint problem (e.g., back, knee, hip) that could be made worse by a change in your physical activity? YES NO

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? YES NO

7. Do you know of any other reason why you should not do physical activity? YES NO

Declaration of Responsibility

I confirm that the information provided in this PAR-Q questionnaire is accurate and, if I answered YES to any question, I have consulted a medical professional and have received clearance to participate in physical activities.

Participant's name:

Guardian's name (if under 18):

Date _____/ _____/ _____

Signature (Guardian's signature if under 18)