

Physical Activity Readiness Questionnaire (PAR-Q)

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. Complete the seven questions in the box below to specify if you need medical clearance from your physician before starting exercise.

Please read the questions carefully and answer honestly. Circle YES or NO.

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?
YES	NO	Do you feel pain in your chest when you do physical activity?
YES	NO	In the past month, have you had chest pain when you were not doing physical activity?
YES	NO	Do you lose your balance because of dizziness or do you ever lose consciousness?
YES	NO	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
YES	NO	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
YES	NO	Do you know of any other reason 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 you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES to.
- Have your physician fill out a Medical Release Form providing as much information about contradictions, restrictions, and advice for your exercise program.

If you answered NO honestly to all PAR-Q questions:

- Become more physically active-begin slowly & build up gradually. This is the safest & easiest way to go.
- Sign up for a fitness assessment to learn about your current fitness levels and to assist in goal setting.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: UMW Campus Recreation and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

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

Name

Signature

Date