



National Health Club Association

Physical Activity Readiness (PAR) Questionnaire

(A Questionnaire for People Aged 15 – 69)

Date Member Joined Club: _____

THE FOLLOWING PAR SCREENING QUESTIONNAIRE (PAR-Q) IS TO IDENTIFY HIGH-RISK INDIVIDUALS WITHOUT INHIBITING THEIR PARTICIPATION IN EXERCISE PROGRAMS. THE PAR-Q IS A SELF-ADMINISTERED QUESTIONNAIRE THAT PRIMARILY FOCUSES ON SYMPTOMS THAT MIGHT SUGGEST ANGINA PECTORIS. PARTICIPANTS ARE DIRECTED TO CONTACT THEIR PERSONAL PHYSICIAN IF THEY ANSWER "YES" TO ONE OR MORE OF THE BELOW QUESTIONS. THE PAR-Q ALSO IDENTIFIES MUSCULOSKELETAL PROBLEMS THAT SHOULD BE EVALUATED BEFORE PARTICIPATION BECAUSE THESE MIGHT INVOLVE MODIFICATION OF THE EXERCISE PROGRAM.

THIS QUESTIONNAIRE SHOULD BE COMPLETED WHEN THE PARTICIPANT REGISTERS AT THE HEALTH/FITNESS FACILITY.

If you are planning to become much more physically active than you are now, start by answering the seven (7) questions below. 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 begin your exercise program. IF YOU ARE OVER THE AGE OF 69, AND YOU ARE NOT USED TO BEING VERY ACTIVE, CHECK WITH YOUR DOCTOR. Common sense is your best guide to answering the questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

	YES	NO
1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you developed chest pain in the past month when not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your doctor ever prescribed drugs for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware, through your own physical experience or a doctor's advice, of any physical reason that would prohibit you from exercising without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED:

"YES" to any one or more questions	"NO" to all questions
Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.	If you answered NO honestly to all of the above questions, you can be reasonably sure you can:
<ul style="list-style-type: none"> ■ 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 that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. 	<ul style="list-style-type: none"> ■ Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.
<ul style="list-style-type: none"> ■ Find out which community programs are safe and helpful for you. 	<ul style="list-style-type: none"> ■ 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.
	<p>Delay Becoming Much More Active If:</p> <ul style="list-style-type: none"> ■ You are not feeling well because of temporary illness such as a cold or fever. ■ You are or may be pregnant.

NOTE: If the PAR-Q is being given to a person BEFORE he/she participates in a physical activity program, this section may be used for legal purposes.

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

Name: _____

Signature: _____

Signature of Parent or Guardian: _____

Date: _____

Witness: _____

The information and suggestions presented by National Health Club Association in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health and safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.