

**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

**Questions:**

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?  
YES / NO
2. Do you feel pain in your chest when you perform physical activity?  
YES / NO
3. In the past month, have you had chest pain when you were not performing any 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 that could be made worse by a change in your physical activity?  
YES / NO
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?  
YES / NO
7. Do you know of any other reason why you should not engage in physical activity?  
YES / NO

**If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition and if you are able to complete the exercise metabolic test.**

**By participating in the test, you are confirming your physical readiness to participate in a graded cardiovascular exercise test. If you have answered “Yes” to any of the above questions and participate in the test, you are confirming approval from your physician to participate in a graded cardiovascular exercise test.**