

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

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 becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, this survey 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.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO

YES	NO	
___	___	1. Has your doctor ever said you have heart troubles?
___	___	2. Do you frequently have pain in your heart or chest?
___	___	3. Do you often feel faint or have spells of severe dizziness?
___	___	4. Has a doctor ever told you that your blood pressure was too high?
___	___	5. Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse by exercise?
___	___	6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to do so?
___	___	7. Are you over age 65 and /or not accustomed to vigorous exercise?

If you answered **YES** to one or more questions, consult with your doctor BEFORE becoming more physically active. Tell your doctor about which questions you answered YES.

- 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 their advice.

If you answered **NO** honestly to all of the questions, you can be reasonably sure that you can start becoming more physically active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional.

Informed Use of the PAR-Q: St. Cloud State University assumes 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 _____

