

Attachment G1:

**American College of Sports Medicine (ACSM) Physical Activity Readiness Questionnaire
(PAR-Q)**

Physical Activity Readiness Questionnaire (PAR-Q)

Yes 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?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?

A response of “yes” to any of these screening questions will trigger a physician evaluation of exercise program readiness.