

Physical Activity Readiness Questionnaire (PAR-Q)

Participant ID: _____

Date: _____

Regular physical activity is fun and healthy, but some individuals should check with their doctor before starting a new exercise program. This questionnaire will help identify if you should consult with a physician before beginning the 12-week resistance training program.

Please answer **Yes** or **No** to the following questions:

1. Has your doctor ever said that you have a heart condition or that you should only perform physical activity recommended by a doctor?
 Yes
 No
2. Do you feel pain in your chest during physical activity?
 Yes
 No
3. In the past month, have you had chest pain while not performing 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 (e.g., back, knee, or hip) that could be made worse by a change in your physical activity?
 Yes
 No
6. Is your doctor currently prescribing medication for your blood pressure or a heart condition?
 Yes
 No
7. Do you know of any other reason why you should not participate in physical activity?
 Yes
 No

If you answered “Yes” to one or more questions:

- Consult with your physician before beginning the exercise program. Share the study details with them and ask for their advice on whether it is safe for you to participate.

If you answered “No” to all questions:

- You can proceed to participate in this study, provided you feel well and are not experiencing any new symptoms.

By signing below, you confirm that you have answered the questions honestly and understand the advice provided based on your responses.

Participant Signature: _____ **Date:** _____

Researcher Signature: _____ **Date:** _____