

## Multimedia Appendix 1. PAR-Q Questionnaire

| <b>PHYSICAL ACTIVITY READINESS QUESTIONNAIRE<br/>(PAR-Q)</b>  |   |    |                                    |
|---|---|----|------------------------------------|
| <b>READINESS ASSESSMENT</b>   |   |    |                                    |
| 1.  | Has your doctor said you have heart trouble?  |    |                                    |
|   | Yes   | No | I do not know or I do not remember |
| 2.  | Do you frequently suffer from pain in your chest?   |    |                                    |
|   | Yes   | No | I do not know or I do not remember |
| 3.  | Do you often feel faint or have spells of dizziness?  |    |                                    |
|   | Yes   | No | I do not know or I do not remember |
| 4.  | Has a doctor ever said your blood pressure was too high?  |    |                                    |
|   | Yes   | No | I do not know or I do not remember |
| 5.  | Has a 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 with exercise? |    |                                    |
|   | Yes   | No | I do not know or I do not remember |
| 6.  | Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?   |    |                                    |
|   | Yes   | No | I do not know or I do not remember |
| 7.  | Are you over age 65 and not accustomed to vigorous exercise?  |    |                                    |
|   | Yes   | No | I do not know or I do not remember |
| <hr/> <p>If a participant answers yes to any question, vigorous exercise, or exercise testing should be postponed until medical clearance is obtained. "I do not know" answers should be researched further to determine testing suitability.</p> <hr/> |   |    |                                    |

