

The Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ **Age:** _____
Phone: _____ **Email:** _____

ABOUT YOU

1. What's your biggest challenge when it comes to getting in shape?
2. List two main goals you'd like to achieve.

MEDICAL HISTORY PART I

3. Approx. date of last physical
4. Most recently recorded blood pressure

Blood Pressure Category	Systolic mm Hg (upper#)	or	Diastolic mm Hg (upper#)
Low blood pressure (Hypotension)	less than 90	or	less than 60
Normal	90 to 120	and	60 to 80
Prehypertension	120-139	or	80-89
High Blood Pressure (Hypertension Stage 1)	140-159	or	90-99
High Blood Pressure (Hypertension Stage 2)	160 or higher	or	100 or higher
High Blood Pressure Crisis (Seek Emergency Care)	180 or higher	or	110 or higher

5. Are you wearing a pacemaker or other internal electronic heart regulating device? yes no
6. Are you pregnant? yes no
7. Has your doctor advised that you exercise? yes no
8. Are you currently receiving physical therapy? yes no
9. Are you currently on a diet mandated by your doctor or registered dietitian? yes no
10. Are you taking any prescription medication? yes no

(If yes, please list name and purpose of each medication).

Name of Medication	Purpose

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MEDICAL HISTORY PART II

11. Have you had any surgeries or major medical procedures? yes no
(If yes, please list them below).

Surgery or Procedure	Date

12. Do you have any injuries/ pain that may effect your exercise habits? yes no
(If yes, please list them below).

13. Do you smoke? yes no

14. Rate your stress level from 1 – 10 (1 being the lowest)

15. Do you experience any of the following while exercising? (check all that apply)

Shortness of breath	Dizziness	Loss of awareness
Light-headedness	Nausea	None of these

16. Do you suffer from or have any family history with: (check all that apply)

High blood pressure	Diabetes	None of these
Heart disease/Irregular heart beat	High cholesterol	

17. Please tell us about any other information/ health concerns pertinent to undertaking an exercise regime.

Emergency Contact Information

Emergency Contact Name:

Phone:

Relationship:

Thank you for completing this important survey. Save this from to your desktop then send to speshirlady@gmail.com