Client Readiness for Exercise

Name ________________________________ Date __________ Age __________

Physical Activity Readiness Questionnaire (PAR-Q)

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
Do you feel pain in your chest when you perform physical activity?		
In the past month, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you know of any other reason why you should not engage in physical activity?		

*If you have answered YES to one or more of the above questions, **consult your physician before engaging in physical activity**. Tell your physician which questions you answered YES to. After medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.*

General and Medical History

Occupational		
What is your current occupation? ____		
Does your occupation require extended periods of sitting?		

Does your occupation require repetitive movements? (If YES, please explain.) ____ __		
Does your occupation require you to wear shoes with a heel (e.g., dress shoes)?		
Does your occupation cause you mental stress?		

Recreational		
Do you partake in any recreational physical activities (golf, skiing, etc.)? (If YES, please explain.) ____ __		
Do you have any additional hobbies (reading, video games, etc.)? (If YES, please explain.) ____ __		
Medical		
Have you ever had any injuries or chronic pain? (If YES, please explain.) ____		
Have you ever had any surgeries? (If YES, please explain.) ____		
Has a medical doctor ever diagnosed you with a chronic disease, such as heart disease, hypertension, high cholesterol, or diabetes? (If YES, please explain.) ____		
Are you currently taking any medication? (If YES, please explain.) ____		

Additional Information

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