

Physical Activity Readiness Questionnaire (Par-Q)

Client Name: _____ Phone: (____) ____ - _____

Client Signature: _____ Date: ____/____/____

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 a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

GENERAL & MEDICAL QUESTIONNAIRE

1 What is your current occupation? _____		
2 Does your occupation require extended periods of sitting?	Yes	No
3 Does your occupation require extended periods of repetitive movements?	Yes	No
(If yes, please explain.) _____		
4 Does your occupation require you to wear shoes with a heel (dress shoes)?	Yes	No
5 Does your occupation cause you anxiety (mental stress)?	Yes	No
6 Do you partake in any recreational activities (golf, tennis, skiing, etc.)?	Yes	No
(If yes, please explain.) _____		
7 Do you have any hobbies (reading, gardening, working on cars, etc)?	Yes	No
(If yes, please explain.) _____		
8 Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?	Yes	No
(If yes, please explain.) _____		
9 Have you ever had any surgeries?	Yes	No
(If yes, please explain.) _____		
10 Has a medical doctor ever diagnosed you with a chronic disease (heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol, or diabetes)?		
	Yes	No
(If yes, please explain.) _____		
11 Are you currently taking any medication? (If yes, please list.)		

