**Physical Activity Readiness Questionnaire (PAR-Q)**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Questions** | **YES** | **NO** |
|  | | | |
| 1 | Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? |  |  |
|  | | | |
| 2 | Do you feel pain in your chest when you perform any physical activity? |  |  |
|  | | | |
| 3 | In the past month, have you had chest pain when you were NOT performing physical activity? |  |  |
|  | | | |
| 4 | Do you lose your balance because of dizziness or do you ever lose consciousness? |  |  |
|  | | | |
| 5 | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |  |  |
|  | | | |
| 6 | Is your doctor currently prescribing any medications for your blood pressure or for a heart condition? |  |  |
|  | | | |
| 7 | 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 any physical activity.

**General & Medical Questionnaire**

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| --- | --- | --- | --- |
| **#** | **Questions** | **YES** | **N0** |
|  | | | |
| 1 | What is your current occupation? | | |
|  | | | |
| 2 | Does your occupation require extended periods of sitting? |  |  |
|  | | | |
| 3 | Does our occupation require extended periods of repetitive movements? Explain |  |  |
|  | | | |
| 4 | Do you have any current or past injuries? Do you have any physical limitations or certain nutritional requirements? Explain |  |  |
|  | | | |
| 5 | What is your current fitness level? Explain (1= sedentary, 1.5 = lightly active, 1.6 moderately active, 1.9= very active. 2 =extremely active) What are your fitness goals? | | |
|  | | | |
| 6 | Have you ever been diagnosed with any chronic disease (heart disease, high cholesterol, diabetes, etc)? Explain |  |  |
|  | | | |
| 7 | Are you currently taking any medications? List |  |  |

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_