

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME: _____ **DATE:** _____
HEIGHT: _____ in. **WEIGHT:** _____ lbs. **AGE:** _____
PHYSICIAN'S NAME: _____ **PHONE:** _____

*If you have answer "Yes" to one or more of the following 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.

	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 physical activity?		
3	In the past month, have you had chest pain when you were not performing any 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 medication 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?		

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