



# Physical Activity Readiness Questionnaire (PAR-Q)

YES NO

		1. Has your doctor ever said that you have a heart condition <b>and</b> that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joints problem that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of <b>any other reason</b> why you should not do physical activity?

- NOTE:
- This questionnaire applies only to those 15 to 69 years of age.
  - If you have a temporary illness, such as a fever, or are not feeling well at this time, you may wish to postpone the proposed activity.
  - If you are pregnant, you are advised to consult with your physician before exercising.
  - If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of your fitness professional.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name