

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME:  TODAY'S DATE:   
HEIGHT:  WEIGHT:  BIRTHDATE:   
PHONE:  EMAIL:   
EMERGENCY CONTACT:  RELATIONSHIP:   
PHONE:   
PHYSICIANS NAME:  PHONE:

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? Y/N
2. Do you feel pain in your chest when you perform physical activity? Y/N
3. In the past month, have you had chest pain when you were not performing any physical activity? Y/N
4. Do you lose your balance because of dizziness, or do you ever lose consciousness? Y/N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Y/N
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? Y/N
7. Do you know of any other reason why you should not engage in physical activity? Y/N

If you have answered "Yes" to one or more of the questions, it is recommended that you:  
\* Talk with your doctor before you start becoming much more physically active. Tell your doctor about the PAR-Q and which question(s) you answered YES.  
\* You may be able to do any activity you want if you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow their advice.

If you have answered "No" to all of the questions, you can be reasonably sure that you can:  
\* Start becoming more physically active- beginning slowly and build up gradually. This is the safest and easiest way to go.

If your health changes so that you then answer YES to any of the above questions, it is recommended that you consult your doctor.

HEALTH HISTORY QUESTIONNAIRE

1. Describe a typical day. Note if weekends differ from weekdays.

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2. Do your days require extended periods of repetitive movements? (If yes, please explain.)

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3. Do you partake in any recreational activities or hobbies e.g., walking, swimming, reading, gardening, cooking etc.? (If yes, please explain.)

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4. Have you ever had any pain or injuries (ankle, knee, hip, wrist, elbow, shoulder, back/neck etc.)? (If yes, please explain.). Note if injury/pain is past or current.

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5. Have you ever had any surgeries? (If yes, please explain.)

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6. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)

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7. Are you currently taking any medication? (If yes, please list.)

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I have read, understood, and completed the questionnaire. Any questions that I have were answered to my satisfaction.

Participant's Signature: \_\_\_\_\_

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