

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Name: _____

Date: _____

Age: _____

Telephone: _____

Instructions

Please answer the following questions honestly. If you answer "Yes" to any question, consult your physician before participating in physical activity.

Current Health Status

1. **Are you currently under a doctor's care?**

Yes No

If yes, please explain: _____

2. **When was your last physical examination?**

3. **Have you ever had an exercise stress test?**

Yes No Don't Know

If yes, were the results: Normal Abnormal

4. **Do you take any medications on a regular basis?**

Yes No

If yes, please list medications and reasons for taking them:

5. **Have you been recently hospitalised?**

Yes No

If yes, please explain: _____

Lifestyle and Habits

6. **Do you smoke?**

Yes No

7. **Are you pregnant?**

Yes No

8. **Do you drink alcohol more than three times a week?**

Yes No

9. **Is your stress level high?**

Yes No

10. **Are you moderately active on most days of the week?**

Yes No

Family Medical History

11. **Do you have any of the following conditions?**

○ High blood pressure? Yes No

○ High cholesterol? Yes No

○ Diabetes? Yes No

12. **Do any of your parents or siblings have a history of the following (prior to age 55)?**

○ Heart attack? Yes No

- Stroke? Yes No
 - High blood pressure? Yes No
 - High cholesterol? Yes No
 - Known heart disease? Yes No
 - Rheumatic heart disease? Yes No
 - Heart murmur? Yes No
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Symptoms

13. Do you experience any of the following?

- Chest pain with exertion? Yes No
 - Irregular heartbeat or palpitations? Yes No
 - Lightheadedness or fainting? Yes No
 - Unusual shortness of breath? Yes No
 - Cramping pains in legs or feet? Yes No
 - Emphysema? Yes No
 - Other metabolic disorders (thyroid, kidney, etc.)? Yes No
 - Epilepsy? Yes No
 - Asthma? Yes No
 - Back pain (upper/middle/lower)? Yes No
 - Other joint pain (please specify): _____
 - Muscle pain or injury (please specify): _____
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Acknowledgement

If you answered “Yes” to any of the above questions, it is advised that you consult a healthcare professional before starting or increasing your physical activity level.

Signature: _____

Date: _____