



NAME _____ DATE _____

AGE _____ PHONE _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	YES	NO
1	Has your doctor ever said you have a heart condition and 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 physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know <u>any</u> other reason why you shouldn't engage in physical activity?		

If you have answered 'YES' in any of the above questions consult your GP before engaging in physical activity. Tell your GP which questions you answered 'yes' to. After a medical evaluation, seek advise from your GP on what type of activity is suitable for your current condition.