



**PAR - Q & YOU**  
**The Physical Activity Readiness Questionnaire**  
 (Recommended for people ages 15 - 69)

Name:		Date:
DOB:	Age:	Home Phone:                      Work Phone:
Regular physical activity is fun and healthy and people are becoming more active every day. Some people should check with their doctor before starting a strenuous exercise program. Please answer the following questions below to see if this applies to you.		
Yes	No	Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician/physiotherapist, or other professional?
Yes	No	When you do physical activity do you feel pain in your chest?
Yes	No	When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	Do you have a bone or joint problem that may be made worse by a change in your physical activity?
Yes	No	Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	Are you pregnant?
Yes	No	Do you have insulin dependent diabetes?
Yes	No	Are you 69 years of age or older?
Yes	No	Do you know of any other reason you should not exercise or increase your physical activity?
Do you have pain or have you injured any of the following areas: Neck - Shoulder L/R - Hip L/R - Upper Back - Elbow L/R - Knee L/R - Lower Back - Wrist L/R - Ankle L/R		
Do you have regular treatment from any of the following health professionals: General Practitioner - Massage Therapist - Acupuncturist - chiropractor - Physiotherapist - Naturopath - Other _____		
If you answered YES to any of the questions above, speak with your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answered YES.		
If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can start gradually becoming more physically active and take part in a fitness appraisal which is an excellent way to determine your basic fitness level so that you can plan the best way for you to live actively.		

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_