

## Physical Activities Readiness Questionnaire (PAR-Q)

### General & Medical History

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| 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 are 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 know reason why you should not engage in physical activity?  | Y/N |

### Occupation

- |  |     |
|--|-----|
| 1. What is your current occupation?<br>_____   |     |
| 2. Does your occupation require extended periods of sitting?   | Y/N |
| 3. Does your occupation require extended periods of repetitive movements? (If Yes, please explain.)<br>_____ | Y/N |
| 4. Does your occupation require you to wear shoes with a heel (dress shoes)?                                 | Y/N |
| 5. Does your occupation cause you anxiety (mental stress)?   | Y/N |

**Lifestyle**

1. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If Yes, please explain.)

Y/N

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2. Do you have any hobbies (reading, gardening, working on cars, etc.)? (If Yes, please explain.)

Y/N

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**Medical History**

1. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.) (If Yes, please explain)

Y/N

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2. Have you ever had any surgeries? (If Yes, please explain.)

Y/N

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3. 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.)

Y/N

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4. Are you currently taking any medication? (If Yes, please list)

Y/N

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