

# Par-Q

## Physical activity readiness questionnaire

Regular physical activity is fun and healthy. Every day more people are becoming more physically active. This activity is safe and healthy for most of us, however some people should check with their doctor before becoming more physically active.

If you are planning on becoming more physically active and you are between the ages of 15-69 then start by answering the questions below and this will tell you if you should check with your doctor first. If you are 69 or older please check with your doctor before beginning an exercise program.

Please read the questions carefully and answer honestly by checking yes or no beside each question.

Yes No

\_\_\_ \_\_\_ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

\_\_\_ \_\_\_ 2. Do you feel pain in your chest when you do physical activity?

\_\_\_ \_\_\_ 3. In the past month, have you had chest pain when you do physical activity?

\_\_\_ \_\_\_ 4. Do you lose your balance or do you ever lose consciousness?

\_\_\_ \_\_\_ 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

\_\_\_ \_\_\_ 6. Is your doctor currently prescribing drugs for any condition you have?

Medications \_\_\_\_\_

\_\_\_ \_\_\_ 7. Do you know of any other reason you should not perform physical activity?

If yes \_\_\_\_\_

### Yes to one or more questions

**If you answered yes to one or more of the questions, it is recommended that you seek medical approval before you participate in an exercise program.**

I understand and am aware that strength, flexibility, and cardiorespiratory exercise including the use of free-weights or any type of fitness equipment are potentially hazardous activity. I also understand that any fitness activity involves risk of injury and death. I am voluntarily participating in these activities and use of equipment with full knowledge of the dangerous.

I do further declare myself physically sound and suffering from no condition, impairment, disease, infirmity, or any other illness that would prevent my participation in any of the activities and programs or in the use of equipment and machinery provided.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

Signature of trainer \_\_\_\_\_ Date \_\_\_\_\_