



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Please mark YES or NO to the following:

Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? YES_____ NO_____

Do you frequently have pains in your chest when you perform physical activity? YES_____ NO_____

Have you had chest pain when you were not doing physical activity? YES_____ NO_____

Do you lose your balance due to dizziness or do you ever lose consciousness? YES_____ NO_____

Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES_____ NO_____

Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? YES_____ NO_____

Do you know of any other reason why you should not engage in physical activity? YES_____ NO_____

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.



GENERAL & MEDICAL QUESTIONNAIRE

Occupational Questions

What is your current occupation?

Does your occupation require extended periods of repetitive movements?
YES _____ NO _____ (If yes, please explain.)

Does your occupation require you to wear shoes with a heel (dress shoes)?
YES _____ NO _____

Does your occupation cause you anxiety (mental stress)? YES _____ NO _____

Medical Questions

Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?
YES _____ NO _____ (If yes, please explain.)

Have you ever had any surgeries? YES _____ NO _____ (If yes, please explain.)

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? YES _____ NO _____ (If yes, please explain.)

Are you currently taking any medication? YES _____ NO _____ (If yes, please explain.)