



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs. AGE: \_\_\_\_\_  
PHYSICIANS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### Please answer Yes or No :

1 Has your doctor ever said that you have a heart condition and that 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 your physical activity?

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

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

**Please note:** 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.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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