

Modified Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

Date: _____

DOB: _____

Age: _____

Regular exercise is associated with many health benefits, yet any change in your activity level may increase your risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?

☐ 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 joint or bone 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

Have you been diagnosed with Osteoporosis or had any fractures?

☐ Yes ☐ No

Do you have any lung or breathing problems?

☐ Yes ☐ No

Do you have insulin dependent diabetes?

☐ Yes ☐ No

Do you know of any other reason you should not exercise or increase your physical activity?

☐ Yes ☐ No

If you answered yes to any of the above questions, if you are over 40 years of age and have been inactive, or if you are concerned about your health, talk with your doctor BEFORE you participate in a fitness test or become substantially more physically active. Tell your doctor your intent to exercise and to which questions you answered yes. If you answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually.

Signature: _____

Date: _____