

Client Name: _____

Date: _____

Physician's Name: _____

Phone: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Regular exercise is associated with many health benefits. However, any change of activity may also increase the risk of injury. Completion of this questionnaire is the first step in planning a safe increase in the amount of physical activity in your life. Please read each question carefully, and answer to the best of your ability.

	Questions	Yes	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 while performing 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?		

If you have answered "Yes" to one or more of the above questions, please consult your physician before engaging in physical activity. If at anytime your health changes, please notify your personal trainer so that any modifications can be made.

I have thoroughly read and completed the questionnaire to the best of my ability. Any questions/concerns have been answered to my full satisfaction.

Client's Signature: _____ Date: _____

Signature of Personal Trainer: _____ Date: _____