Physical Activity Readiness Questionnaire (PAR-Q)

Name:	Date:		
Instructions: Please answer the following questions to the best of your know any of the questions or if you answer "Yes" to any of them, please consult with physical activity.		-	
Questions		Yes	No
Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor?			
Do you feel pain in your chest when you do physical activity?			
Have you had chest pain in the past month while not physically active?			
Do you lose your balance because of dizziness, or do you ever lose consciousness?			
Do you have a bone or joint problem that could be made worse by a change in your physical activity?			
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?			
Do you know any other reasons you should not engage in physical activity?			
If you answered "Yes" to any of the questions above, it is recommended that you consult with your healthcare provider before starting any physical activity.			
Additionally, suppose you are over 40, inactive, or have other health concerns consult with your healthcare provider before you begin any physical activity provider.		ended tha	t you
It's also important to remember that physical activity is integral to a healthy life such as reducing the risk of chronic diseases, improving cardiovascular and n being.	-		
If you answered "No" to all of the questions above, it is generally safe for you to begin a physical activity program. However, it is still recommended that you start slowly and gradually increasing the intensity and duration of your activity as your fitness level improves.			
Remember to listen to your body and stop any activity that causes pain or discafter exercising and stay hydrated by drinking plenty of water.	comfort. Always warm up and co	ool down b	efore and
Using the PAR-Q as a screening tool and consulting with your healthcare province incorporate physical activity into your daily routine and enjoy its many benefits		and effect	ively
I have read, understood, and completed the questionnaire. Any questions that	I have were answered to my fu	ıll satisfact	ion.
Participant's Name and Signature:			
Date:			