

Please read the questions carefully and answer each one honestly by checking YES or NO.

- | YES | NO  |  |
|-----|-----|--|
| [ ] | [ ] | HAS YOUR DOCTOR EVER SAID THAT YOU HAVE A HEART CONDITION AND THAT YOU SHOULD ONLY DO PHYSICAL ACTIVITY RECOMMENDED BY A DOCTOR? |
| [ ] | [ ] | DO YOU FEEL PAIN IN YOUR CHEST WHEN YOU DO PHYSICAL ACTIVITY?  |
| [ ] | [ ] | IN THE PAST MONTH HAVE YOU HAD CHEST PAIN WHEN YOU WERE NOT DOING PHYSICAL ACTIVITY?   |
| [ ] | [ ] | DO YOU LOSE 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 YOUR BLOOD PRESSURE OR HEART CONDITION?   |
| [ ] | [ ] | DO YOU KNOW OF ANY OTHER REASON WHY YOU SHOULD NOT DO PHYSICAL ACTIVITY?   |

If you answered:

**YES to one or more questions:**

Please talk with your doctor before you start our program. Tell your doctor about this PAR-Q and which questions you answered yes to.

- You may still be able to start as long as you start slowly and build up gradually. You may need to restrict your activities to those that are safe for you. Talk with your doctor about the activities in which you wish to participate.
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**NO to all questions:**

If you answered NO honestly to all PAR-Q questions, you can:

- Start safely! Yay! We will begin slowly and build up gradually.

**\*PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional and ask whether you should change your plan. \***

I have read, understood, and completed this questionnaire. Any questions I may have had were answered to my full satisfaction:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_