



**PAR Q**

Do you frequently have pains in your chest when you perform physical activity? *yes\_\_ no\_\_*

In the past three months, have you had chest pains when doing physical activity? *yes\_\_ no\_\_*

Has your doctor ever recommended starting a physical exercise program? *yes\_\_ no\_\_*

Do you lose balance due to dizziness, or do you ever lose consciousness? *yes\_\_ no\_\_*

Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? *yes\_\_ no\_\_*

Do you have bowel or other health problems that must be addressed when developing an exercise program? *yes\_\_ no\_\_*

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? *yes\_\_ no\_\_*

Are you pregnant now, or have you given birth within the last 6 months? *yes\_\_ no\_\_*

Have you had surgery within the last 6 months? *yes\_\_ no\_\_*

Do you know of any other reason why you should not do physical activity? *yes\_\_ no\_\_*

If yes to any questions, please describe:

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*Client's signature*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Date*