**Physical Activity Readiness Questionnaire (PAR-Q)**

**Please carefully read and select any of the following medical statements that may apply to you. If none apply, please confirm this with the bottom selection.**
My doctor has said that I have a heart condition and that I should only do physical activity recommended by a doctor.
I feel pain in my chest when I do physical activity
In the past month, I have had chest pain when not doing physical activity.
I lose my balance because of dizziness and have lost consciousness when doing physical activity.
I have a bone or joint problem (for example; back, knee, or hip) that could be made worse by a change in physical activity.
I am currently taking prescription drugs for blood pressure and/or a heart condition.
Other reason that is not listed above.
I confirm that none of the statements above apply.