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## Appendix C - Physical Activity Readiness Questionnaire (PAR-Q)

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

HEALTHCARE PROVIDER'S NAME: \_\_\_\_\_

Please read the questions below carefully, and answer each one honestly. Please check YES or NO.

☐ Yes

☐ No

Has your healthcare provider ever said that you have a heart condition and that you should only do physical activity recommended by a healthcare provider?

☐ Yes

☐ No

Do you feel pain in your chest when you do physical activity?

☐ Yes

☐ No

In the past month, have you had chest pain when you were not doing physical activity?

☐ Yes

☐ No

Do you lose your balance because of 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?