

Name: _____ DOB: _____

Modified Par-Q

For most people, physical activity should not pose a problem or hazard. This questionnaire will identify the small number of adults for whom physical activity may be inappropriate and helps your physiotherapist appropriately direct your treatment program.

YES NO

- 1. Has your doctor ever said you have heart trouble, including a pacemaker?
- 2. Do you frequently have pains in your heart and/or chest?
- 3. Do you often feel faint or have spells of dizziness?
- 4. Has a doctor ever said your blood pressure was too high or too low?
- 5. Do you have any breathing problems, such as asthma or emphysema?
- 6. Has your doctor ever told you that you have a bone or joint problem such as arthritis or osteoporosis? Please specify _____
- 7. If you are female, are you, or is there a chance that you may be pregnant?
- 8. Are you currently on any medications? If yes, please list.

- 9. Do you have a personal history of Cancer? Please specify. _____
- 10. Is there any good **physical** reason, not mentioned here why you should not follow an activity program even if you wanted to?
- 11. Is there any other **medical** condition that you have that we should be made aware of at this time?

Thinking only of the problem for which you are having treatment - On average, how bad has your pain been?

- CIRCLE ONE ANSWER PLEASE - { 0 = NO PAIN 10 = EXTREME PAIN }

In the morning, over the past 2 days? 0 1 2 3 4 5 6 7 8 9 10

In the afternoon over the past 2 days? 0 1 2 3 4 5 6 7 8 9 10

In the evening over the last 2 days? 0 1 2 3 4 5 6 7 8 9 10

With activity over the last 2 days? 0 1 2 3 4 5 6 7 8 9 10

Signature

Date