

Physical Activity Readiness Questionnaire (PAR-Q) and You

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?
If you answered:		<p>Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.</p> <ul style="list-style-type: none"> You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which community programs are safe and helpful for you.
<p>If you answered NO honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can: Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.</p>		<p>Delay becoming much more active: If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or If you are or may be pregnant – talk to your doctor before you start becoming more active.</p>
		<p>Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.</p>

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

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

Name _____

Signature _____

Date _____

Signature of Parent (if applicable) _____ Witness _____

CONFIDENTIAL

[Information to be used by training staff only and kept in a confidential file]

BROWN UNIVERSITY DEPARTMENT OF RECREATIONAL SPORTS & PHYSICAL EDUCATION

WELLNESS & LIFESTYLES QUESTIONNAIRE

Name _____

Email _____

Please answer all questions to the best of your knowledge.

1. Which area of behavior would you most like to change to improve your health?
 - Exercise
 - Nutrition
 - Weight Management
 - Smoking
 - Stress Management

2. Has anyone in your immediate family had heart problems, high cholesterol, or experienced sudden death at 55 years of age?
 - Yes
 - No

3. Do you have diabetes or a thyroid problem?
 - Yes
 - No

4. Have you ever lost 10% of your weight through dieting/exercise then gained it back?
 - Yes
 - No

5. How do you feel about your current weight?
 - Would like to lose
 - Would like to gain
 - Satisfied with weight

6. Do you currently accumulate at least 30 minutes of moderate to high intensity activity on most days of the week?
 - Yes
 - No

7. On average, how many times a week do you perform aerobic exercise for at least 20 consecutive minutes?
 - Never
 - Less than one time
 - One to two times a week
 - Three or more time for a week

8. When you do aerobic exercise, approximately how long do you spend performing the activity?
 - Less than 20 minutes

- 20-30 minutes
- 30-60 minutes
- More than 60 minutes

9. Do you participate in resistance training activities?

- Yes
- No

10. How often do you stretch your muscles in order to increase your flexibility

- Never
- Occasionally
- Often

11. What is the biggest barrier to increasing/maintaining your level of exercise?

- Not enough time
- Cost
- Lack of appropriate facility or equipment
- No one to exercise with
- Physical incapacity
- None
- Other

12. Do you think your current level of stress is high enough to affect your health or quality of life?

- Yes
- No
- Not sure

11. Please rank your reasons for beginning an exercise program (1 = highest priority)

- ___ Lose body fat
- ___ Stress release
- ___ Meet similar folk
- ___ Family recreation
- ___ Strengthen/Tone
- ___ Self-esteem increase

12. If you are presently exercising, briefly describe your program:

- How much time can you comfortably allocate per workout session base on your lifestyle?
Check the answer that most closely applies:

- 30 minutes or less
- 30-45 minutes
- 45-60 minutes
- 60-90 minutes

- What days of the week do you see yourself using the OMAC (check)
 - Sunday
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
- Briefly describe goal(s) you have set to attain from your exercise program:

- What type of coaching/support would benefit you most (motivation)?

- Are there any other factors affecting your current level of fitness?

Trainer & Staff Notes:

Medical History Form

Name: _____ Date: _____

Age: _____ Sex: _ M _ F

Physician's Name _____

Physician's Phone Number (_____) _____

Person to contact in case of Emergency:

Name _____ Date _____ Phone _____

Are you taking any medication or drugs? If so, please list medication, dose, and reason.

Does your physician know you are participating in this exercise program?

Describe any physical activity you do somewhat regularly.

Do you now, or have you had in the past: Yes No

1. History of heart problems, chest pain or stroke
2. Increased blood pressure
3. Any chronic illness or condition
4. Difficulty with physical exercise
5. Advice from physician not to exercise
6. Recent surgery (last 12 months)
7. Pregnancy (now or within last 3 months)
8. History of breathing or lung problems
9. Muscle, joint or back disorder, or
any previous injury still affecting you
10. Diabetes or thyroid condition
11. Cigarette smoking habit
12. Obesity (more than 20% over ideal body weight)
13. Increased blood cholesterol
14. History of heart problems in immediate family
15. Hernia, or any condition that may be aggravated
by lifting weights

Please explain any "yes" answers below:
