



703.793.9770

Physical Activity Readiness Questionnaire – PARQ
PARQ & YOU (A Questionnaire for People Ages 15 to 69)

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 begin becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the attached “HEALTH & MEDICAL HISTORY” questionnaire. If you are between the ages of 15 and 69, the PARQ 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 use to being very active, check with your doctor first.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO, and answer other questions completely.

If you answer Yes to one or more questions:

- ✓ Talk with 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 PARQ and which questions you answered YES.
- ✓ 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 that 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.

If you answered NO honestly to all PARQ 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 level so that appropriate exercise planning can be done.

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.

Please note: If your health changes so that you then answer YES to any of the following questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Fitness Solutions assumes no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to engaging in a fitness assessment or physical activity. Fitness Solutions will gladly work with your doctor to ensure a safe and appropriate exercise program is prescribed.

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

Name

Signature

Date

Signature of Parent or Guardian
(for participants under the age of 18)

Witness

HEALTH & MEDICAL HISTORY

Name: _____ Date: _____

Age: _____ Sex: ___M___F

Physician's Name: _____ Physician's Phone: (____) _____

Contact in Case of Emergency: Name: _____ Phone: (____) _____

- Are you taking any medications 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.

<u>Do you now, or have you had in the past:</u>	<i>Yes</i>	<i>No</i>
1. History of heart problems, chest pain or stroke	___Y___	___N___
2. Increased blood pressure	___Y___	___N___
3. Any chronic illness or condition	___Y___	___N___
4. Difficulty with physical exercise	___Y___	___N___
5. Sedentary Lifestyle	___Y___	___N___
6. Advice from physician not to exercise	___Y___	___N___
7. Recent surgery (last 12 months)	___Y___	___N___
8. Pregnancy (now or within last 3 months)	___Y___	___N___
9. History of breathing or lung problems	___Y___	___N___
10. Muscle, joint or back disorder, or any previous injury still affecting you	___Y___	___N___
11. Diabetes or thyroid condition	___Y___	___N___
12. Cigarette or other tobacco use habit	___Y___	___N___
13. Obesity (more than 20% over ideal body weight)	___Y___	___N___
14. Increased blood cholesterol	___Y___	___N___
15. History of heart problems in immediate family	___Y___	___N___
16. Hernia, or any condition that may be aggravated by lifting weights	___Y___	___N___
17. Arthritis	___Y___	___N___
18. Seizures or Convulsions	___Y___	___N___
19. Dizziness, Faintness or Loss of Breath	___Y___	___N___

Please explain any "yes" answers: _____
