# PAR-Q FOR SAFE EXERCISE

**(Physical Activity Readiness Questionnaire)**

**Answer yes or no to the following questions:**

| | | | |
|---|---|---|---|
| 1. | Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? | ☐ yes | ☐ no |
| 2. | Do you feel pain in the chest when you do physical activity? | ☐ yes | ☐ no |
| 3. | In the past month, have you had chest pain when you were not doing physical activity? | ☐ yes | ☐ no |
| 4. | Do you lose your balance because of dizziness or do you ever lose consciousness? | ☐ yes | ☐ no |
| 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity? | ☐ yes | ☐ no |
| 6. | Is your doctor currently prescribing druges (for example, water pills) for your blood pressure or heart condition? | ☐ yes | ☐ no |
| 7. | Do you know of any other reason why you should not do physical activity? | ☐ yes | ☐ no |

**If you answered yes:**
If you answered yes to one or more of the questions, are older than age 40 and have been inactive, or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for medical clearance along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

**If you answered no:**
If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have a low risk of having any medical complications from exercise. It is still important to start slowing and increase gradually. It may also be helpful to have a fitness assessment with a personal trainer or coach in order to determine where to begin.

**When to delay the start of an exercise program:**
• If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising.
• If you are or may be pregnant, talk with your doctor before you start becoming more active.

Keep in mind - if your health changes so that you then answer “YES” to any of the above questions, tell your fitness or health professional, and ask whether you should change your physical activity plan.

# MEDICAL HISTORY REVIEW FORM

**DATE:**

**NAME:** **PHONE:**

**ADDRESS:** **CITY/STATE:**

**DATE OF BIRTH:** **AGE:** **HEIGHT:** **WEIGHT:**

**IN CASE OF EMERGENCY CONTACT:**

**RELATIONSHIP:** **PHONE:**

**PHYSICIAN:** **SPECIALTY:**

**CITY/STATE:** **PHONE:**

---

Are you currently under a doctor's care? ☐ yes ☐ no
If yes, explain:

When was the last time you had a physical exam?

Have you ever had an exercise stress test? ☐ yes ☐ no ☐ unsure
If yes, were the results: _____ normal _____ abnormal

Do you take any medications on a regular basis? ☐ yes ☐ no
If yes, list medications, supplements, and reason for taking:

Have you been recently hospitalized? ☐ yes ☐ no
If yes, explain:

# MEDICAL HISTORY REVIEW FORM

| | | |
|---|---|---|
| Do you smoke? | ☐ yes | ☐ no |
| Are you pregnant? | ☐ yes | ☐ no |
| Do you drink alcohol more than three times per week? | ☐ yes | ☐ no |
| Is your stress level high? | ☐ yes | ☐ no |
| Are you moderately active on most days of the week? | ☐ yes | ☐ no |

Do you have:

| | | |
|---|---|---|
| • High Blood Pressure | ☐ yes | ☐ no |
| • High Cholesterol | ☐ yes | ☐ no |
| • Diabetes | ☐ yes | ☐ no |

---

Have parents or siblings, prior to age 55, had:

| yes | no | | yes | no | |
|---|---|---|---|---|---|
| ☐ | ☐ | heart attack | ☐ | ☐ | cramping pains in legs or feet |
| ☐ | ☐ | stroke | ☐ | ☐ | emphysema |
| ☐ | ☐ | high blood pressure | ☐ | ☐ | metabolic disorders (thyroid, kidney, etc) |
| ☐ | ☐ | high cholesterol | ☐ | ☐ | epilepsy |
| ☐ | ☐ | known heart disease | ☐ | ☐ | asthma |
| ☐ | ☐ | rheumatic heart disease | ☐ | ☐ | back pain (upper, middle, lower) |
| ☐ | ☐ | heart murmur | ☐ | ☐ | other joint pain (if yes, explain) |
| ☐ | ☐ | chest pain with exertion | | | _____ |
| ☐ | ☐ | irregular heartbeat or palpitations | | | _____ |
| ☐ | ☐ | lightheadedness or faintness | ☐ | ☐ | muscle pain or an injury (if yes, explain) |
| ☐ | ☐ | unusual shortness of breath | | | _____ |
| | | | | | _____ |

---

**To the best of my knowledge, the above information is true.**

**Print Name:** _____

**Sign Name:** _____ **Date:** _____

# SETTING HEALTH AND FITNESS GOALS

How can a fitness program help you? Please circle all that apply:

| | | |
|---|---|---|
| lose body fat | develop muscle tone | rehabilitate an injury |
| nutrition education | start an exercise | program safety |
| sports specific | training fun | increase muscle size |
| motivation | other (explain) _____ | |

Please list, in order of priority, the fitness goals you would like to achieve in the next 3-12 months:

1. _____
2. _____
3. _____

How will you feel once you've achieved these goals? Be specific:

_____

_____

Where do you rate health in your life? Circle one.

| | | |
|---|---|---|
| low priority | medium priority | high priority |

How committed are you to achieving your fitness goals? Circle one.

| | | |
|---|---|---|
| not very committed | semi-committed | very committed |

What is the most important thing your fitness program can do to help you achieve your fitness goals?

_____

_____

What do you feel are obstacles - or your potential actions, behaviors, or activities - that could impede your progress toward accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, other responsibilities becoming a priority over exercise, etc.)

_____

_____

Outline three methods you plan to use to overcome these obstacles.

_____

_____

_____