



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q)

This area must be completed for each member. An affirmative response will require additional information from you and/or your physician prior to membership approval. Please indicate your response with a circle. (Y = YES / N = NO)

QUESTION	MEMBER(S)		DEPENDENT(S)			
	PRIMARY	SPOUSE	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>
Has your doctor ever said that you have a heart condition <b>and</b> that you should only do physical activity recommended by a doctor?	Y N	Y N	Y N	Y N	Y N	Y N
Do you feel pain in your chest when you do physical activity?	Y N	Y N	Y N	Y N	Y N	Y N
In the past month, have you had chest pain when you were not doing physical activity?	Y N	Y N	Y N	Y N	Y N	Y N
Do you lose your balance because of dizziness or do you ever lose consciousness?	Y N	Y N	Y N	Y N	Y N	Y N
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?	Y N	Y N	Y N	Y N	Y N	Y N
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Y N	Y N	Y N	Y N	Y N	Y N
Do you know of <u>any other reason</u> why you should not do physical activity?	Y N	Y N	Y N	Y N	Y N	Y N

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you Answered 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 PAR-Q 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 which are safe for you. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which programs are safe and helpful for you.

**Signatures are required by the following members:**

PRIMARY MEMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE MEMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPENDENT (18 YRS +): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPENDENT (18 YRS +): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: If Dependent is under 18 years of age, the Parent/Guardian must sign on his/her behalf:**

1<sup>ST</sup> CHILD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2<sup>ND</sup> CHILD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_