

# *Vanderbilt Hall Athletic Facility*

## Physical Activity Readiness Questionnaire (PAR-Q)

Name (print) \_\_\_\_\_ Date \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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 15-69, the PAR-Q will tell you if you need to check with your doctor before you start. If you are over 69 years of age, and you are not used to being 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:**

Check YES or NO. **Checking YES to any answer will require you to get a physicians clearance before starting an exercise program.**

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 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?   |

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

Signature \_\_\_\_\_

- Within the last 6 months have you been involved in a regular exercise program? **Yes No**
- Are you interested in meeting with a Personal Trainer to set up a personal workout plan? **Yes No**