

Physical Activity Readiness Questionnaire**PAR-Q & YOU**

(A Questionnaire for People Aged 15 to 69)

Regular physical activity and exercise are key factors in maintaining a healthy lifestyle and are becoming increasingly more popular. It is safe for most individuals to participate in exercise. However, some individuals should check with their doctor before increasing their physical activity.

For those who participate in regular physical activity, or whom are looking to do so, the following questionnaire will help you determine if it is safe for you to start. This questionnaire is for individuals between the ages of 15-69 and will help you determine if you should consult your doctor before you start. If you are 69 years old or older, and are not active regularly, you should consult with your doctor.

Common Sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly, to the best of your knowledge: **check YES or NO.**

YES **NO**

_____ _____ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

_____ _____ 2. Do you feel pain in your chest when you do physical activity?

_____ _____ 3. In the past month, have you had chest pain when you were not doing physical activity?

_____ _____ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

_____ _____ 5. Do you have a bone or joint problem (such as, back, knee or hip) that could be made worse by a change in your physical activity?

_____ _____ 6. Is your doctor currently prescribing drugs (such as, water pills) for your blood pressure or heart condition?

_____ _____ 7. Do you know of any other reason why you should not do physical activity?



If you answered YES to one or more questions

Talk with your doctor BEFORE you start becoming more physically active or BEFORE you have a Fitness Appraisal. Talk to your doctor about the PAR-Q and any questions you answered YES to.

- **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 their advice.
- Find out which activity programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can reasonably assume that you can:

- **start becoming much more physically active**, if you begin slowly and build up gradually.
- **take part in a Fitness Appraisal**, is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

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

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.
- if you are or may be pregnant, talk to your doctor before you start becoming more active.

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

By signing below you are stating **"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."**

FULL NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT _____ WITNESS _____
or GUARDIAN (if under the age of 18)



Health History Questionnaire

Your Health History will help to evaluate your risk factors for participating in exercise. Fill out completely and answer all questions honestly, to the best of your knowledge.

Mark Any and All TRUE Statements Below:

History- Have you ever had:

- Heart Attack
- Heart Surgery
- Cardiac Catheterization
- Coronary Angioplasty (PTCA)
- Pacemaker/ Implantable Cardiac Defibrillator/ Rhythm Disturbance
- Heart Valve Disease
- Heart Failure
- Heart Transplantation
- Congenital Heart Disease

Symptoms- Have you ever:

- Experienced chest discomfort with exertion
- experienced unreasonable breathlessness
- experienced dizziness, fainting, or blackouts
- ankle swelling (not obviously due to trauma or injury)
- experienced unpleasant awareness of a forceful or rapid heart rate
- taken heart medications

Other Health Issues- You have/ take/ are:

- Diabetes
- Asthma or Other Lung Disease
- Burning or Cramping Sensations in Your Lower Legs when Walking Short Distances
- Musculoskeletal Problems that Limit Your Physical Activity
- Concerns About the Safety of Exercise
- Prescription Medications
- Pregnant

If you marked ANY of the above statements within the 3 categories of this section consult your physician or any other appropriate healthcare provider before engaging in ANY exercise. You may need to use a facility with medically qualified staff to overwatch.



Cardiovascular Risk Factors

- Man ≥ 45 Years Old
- Woman ≥ 55 Years Old
- Smoke or Quite Smoking within the previous 6 Months
- Blood Pressure is $\geq 140/90$ mmHG
- Don't Know Your Normal Blood Pressure
- Take Blood Pressure Medication
- Blood Cholesterol Level is ≥ 200 mg (dL⁻¹)
- Don't Know Your Blood Cholesterol Level
- A Close Blood Relative Had a Heart Attack or Heart Surgery at Age < 55 Males (Father or Brother) or < 65 Females (Mother or Sister)
- Physically Inactive (< 30 min. of Physical Activity at least 3 Days Per Week)
- Body Mass Index (BMI) ≥ 30 kg/m²
- Pre-Diabetes
- Don't Know if You Have Pre-Diabetes

If you marked ≥ 2 statements in the above section you should consult your physician or another appropriate healthcare provider as part of good medical care practice and progress gradually with your exercise program. It is recommended that you use a facility with professionally qualified exercise staff to guide your exercise program.

None of the Above

If you marked None of the Above then you should be able to engage in exercise safely without consulting your physician or other appropriate healthcare providers.

Follow the given instructions given in each section of the form to assist with your well being.

[End of Form]

