

PAR-Q & YOU

(A Questionnaire for People Aged 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 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 and 69, the PAR-Q will tell if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very 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.

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 your 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?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

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 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 answer “Yes” to any of the above questions, the Health & Fitness Lab staff requires that you provide a written physician’s consent to participate in the service prior to scheduling an appointment.

NO to all questions

If you answered NO honestly to all PAR-Q 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 so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of 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 above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

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.

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

NAME _____
SIGNATURE _____
SIGNATURE OF PARENT _____
Or GUARDIAN (for participants under the age of majority)

DATE _____
WITNESS _____



Classification: Student _____ Faculty/Staff/Alumni _____ Community _____

Check the service you are signing up for:

Basic Fitness Assessment: _____ Topper Workout Plan: _____

Employee Wellness Fitness Assessment: _____ Employee Wellness Strength Training Orientation: _____

Name _____ **Age** _____ **DOB** _____ **Gender** _____

Phone # _____ **Email** _____

How did you hear about us? (Please circle one)

Poster Friend Website Class Preston Center Staff Other: _____

HEALTH QUESTIONS (Please answer YES or NO)

_____ Do you have episodes of shortness of breath at rest, laying down or with mild exertion?

_____ Do you experience swelling in your ankles? (ankle edema)

_____ Do you have burning or cramping sensations in your lower legs when walking short distances?

_____ Have you ever been diagnosed with diabetes, thyroid disease, or another metabolic disease?

If yes, specify: _____

_____ Have you ever been diagnosed with asthma or another lung disease?

If yes, specify: _____

_____ Have you ever been told you have high blood pressure (>140/90mmHg)?

_____ Are you pregnant?

If you marked "YES" to any of these statements in the section above, the Health & Fitness Lab staff requires that you provide a written physician's consent prior to scheduling an appointment.

_____ Do you smoke, or have you quit smoking within the previous 6 months?

_____ Do you take prescription medication(s) and why?

If yes, list the medications: _____

_____ Do you have any other health issues?

If yes, list the health issue(s) and treatment: _____

FITNESS QUESTIONS

(Complete if doing Topper Workout Plan or EW Strength Training Orientation only)

1. **How would you rate your experience with exercise?**
Beginner Intermediate Advanced

2. **Have you been exercising consistently for the past 3 months?** YES / NO

3. **What activities are you currently engaged in?**

4. **How often do you take part in physical activity?**
1-2x/week 3-4x/week 5-7x/week N/A

5. **Please, list 3 fitness-based goals you would like to achieve over the next 3-6 months?**
 - a. _____
 - b. _____
 - c. _____

6. **Please type how much total time you can devote to exercise each day. For significant results include at least 3-4 days per week for at least 60 minutes. If there are specific days you like to have off, please do not put down your availability for those days.**

SUN _____ MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT _____

7. **Would you like your plan designed for: Home _____ Gym _____**
 - a. **If Home, please list any equipment you have (or none if you do not have any):**

8. **In addition to your new program, list any other physical activities you will be engaging in (group fitness classes, soccer practice, etc).**





Fitness Services Informed Consent

Name _____

I hereby consent to voluntarily engage in vigorous physical activity, which may include cardiovascular training, resistance training, and stretching activities offered by the Western Kentucky University Health & Fitness Lab professionals.

I hereby affirm that I am in good physical condition and do not suffer from any ailment that would be adversely affected by vigorous physical activity. I affirm that all of the information I have given pertaining to my current health status is truthful and accurate to the best of my knowledge. I acknowledge that I have been informed of the vigorous nature of the exercise program and hereby release Western Kentucky University from any claims, demands and causes of action arising from my participation in this program.

I understand that I may be asked to provide medical clearance prior to receiving an exercise prescription due to my responses to the health history questionnaire.

I fully understand that there is a possibility of muscle soreness, injuries, and in rare cases, death as a result of participating in this program.

I understand that it is my responsibility to monitor my own condition throughout each training session, and, should any unusual symptoms occur, I will cease my participation and inform the Health & Fitness Lab or Preston Center staff member immediately. I have been informed that the information obtained by the Health & Fitness Lab staff will be treated as privileged and confidential information and will not be released without my consent.

I confirm that I have read this form in its entirety, or that it has been read to me if I am unable to read it, and I understand the risks associated with participating in an exercise program. I also acknowledge that my questions regarding the program have been answered to my satisfaction. I consent to the conditions of all services and procedures as explained by all program personnel.

Signature of Participant	Date
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Signature of Witness	Date
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