

Data Collection Sheet

NAME:	D	DATE:			
HEIGHT:i	n.	WEIGHT:	_lbs.	AGE:	
PHYSICIANS NAME:			PHONE:		

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should		
	only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any		
	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 that could be made worse by a change in		
	your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or		
	for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical		
	activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician <u>before</u> engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.



GENERAL & MEDICAL QUESTIONNAIRE

	Occupational Questions	Yes	No
1	What is your current occupation?		
2	Does your occupation require extended periods of sitting?		
3	Does your occupation require extended periods of repetitive movements? (If yes,		
	please explain.)		
4	Does your occupation require you to wear shoes with a heel (dress shoes)?		
5	Does your occupation cause you anxiety (mental stress)?	_	
	Recreational Questions	Yes	No
6	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please		
	explain.)		
7	Do you have any hobbies (reading, gardening, working on cars, exploring the Internet,		
	etc.)? (If yes, please explain.)		
	Medical Questions	Yes	No
8	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?	165	110
U	(If yes, please explain.)		
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9	Have you ever had any surgeries? (If yes, please explain.)		
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10	Has a medical doctor ever diagnosed you with a chronic disease, such as		
	coronary heart disease, coronary artery disease, hypertension (high blood		
	pressure), high cholesterol or diabetes? (If yes, please explain.)		
11	Are you currently taking any medication? (If yes, please list.)		