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 more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you 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**

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 (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, 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 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 with your doctor about the kinds of activities which you wish to participate in and follow his/her advice.

**If you answered 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 physical 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. 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.

**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; 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 health professional or notify AMAESHI soonest.

Informed Use of the PAR-Q: The AMA Educational Systems and Holdings, Inc. 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.

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

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

(FOR PARTICIPANTS UNDER THE AGE OF MAJORITY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY FORM**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M F

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your physician know you are participating in a physical activity course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any physical activity you do somewhat regularly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you now, or have had in the past: Yes No

1. History of heart problems, chest pain, or stroke

2. Elevated blood pressure

3. Any long or pre-existing illness or condition

4. Difficulty with physical exercise

5. Advice from physician not to exercise

6. Recent surgery (last 12 months)

7. Pregnancy (now or within the last 3 months)

8. History of breathing or lung problems

9. Muscle, joint, or back disorder, or any previous

injury still affecting you

10. Diabetes or thyroid condition

11. Cigarette smoking habit

12. Obesity (BMI > 30 kg/m2)

13. Elevated blood cholesterol

14. History of heart problems in immediate family

15. Hernia, or any condition that may be aggravated

by lifting heavy or other physical activities

**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. Tell your doctor about the Health History Form 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 with your doctor about the kinds of activities which you wish to participate in and follow his/her advice.

**If you answered 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 physical 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. 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.

**Exercise History and Attitude**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Instructions: Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS, feel free to ask through the Forum discussion of this course.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each range through your present age:

15-20\_\_\_\_\_\_\_ 21-30\_\_\_\_\_\_\_ 31-40\_\_\_\_\_\_ 41-50\_\_\_\_\_\_ 51+\_\_\_\_\_\_

2. Were you a high school and/or college athlete?

Yes No If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

Yes No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you have any negative feelings towards, or have you had any bad experience with, fitness testing and evaluation?

Yes No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies.

a. Characterize your present athletic ability.

1 2 3 4 5

b. When you exercise, how important is competition?

1 2 3 4 5

c. Characterize your present cardiovascular capacity.

1 2 3 4 5

d. Characterize your current muscular capacity.

1 2 3 4 5

e. Characterize your present flexibility capacity.

1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick with them?

Yes No

7. How much time are you will to devote for this online P.E. Course?

Yes No

8. Are you currently involved in regular endurance exercise (e.g. walking, biking, running)?

Yes No If yes, please specify type of exercise (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many \_\_\_\_\_\_minutes/day and \_\_\_\_\_\_days/week?

Rate your perception if the exertion of your exercise program (circle the number):

(1) Light (2) Fairly light (3) Somewhat hard

9. How long have you been exercising regularly?

\_\_\_\_\_\_month/s \_\_\_\_\_\_year/s

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the past 5 years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What types of exercise interest you?

Walking Jogging Strength Training

Cycling Traditional Aerobics Racquet Sports

Stationary biking Elliptical Striding Yoga/Pilates

Stair Climbing Swimming Other Activities

**Exercise History and Attitude**

12. Do you think exercise and physical activity can give great benefits to you?

Yes No

13. Rank your goals in undertaking exercise:

What do you want exercise do for you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the following scale to rate each goal separately:

Not at all Somewhat Extremely

Important Important Important

1 2 3 4 5 6 7 8 9 10

a. Improve cardiovascular fitness \_\_\_\_\_\_\_\_

b. Lose weight/body fat \_\_\_\_\_\_\_\_

c. Reshape or tone my body \_\_\_\_\_\_\_\_

d. Improve performance for a specific sport \_\_\_\_\_\_\_\_

e. Improve moods and ability to cope with stress \_\_\_\_\_\_\_\_

f. Improve flexibility \_\_\_\_\_\_\_\_

g. Increase strength \_\_\_\_\_\_\_\_

h. Increase energy level \_\_\_\_\_\_\_\_

i. Feel better \_\_\_\_\_\_\_\_

j. Enjoyment \_\_\_\_\_\_\_\_

k. Social Interaction \_\_\_\_\_\_\_\_

14. By how much would you like to change your current weight?

(+)\_\_\_\_\_\_\_\_\_lbs. (-)\_\_\_\_\_\_\_\_\_\_\_lbs.

15. What is your target or expectation at the end of this course?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_