



# PAR-Q & YOU

(A questionnaire for people aged 15 - 69)

(321) 494-4947

**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 should check with their doctor before increasing their physical activity. If you are planning on increasing your physical activity, start by answering the seven questions below.

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.**

If you are between 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 yrs. of age and not used to being very active, check with your doctor.

	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?	<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 (example: back, knee or hip) 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 (example: water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you know of ANY OTHER REASON why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered YES to one or more questions above.** 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 re 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 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 physically active; begin slowly and build up gradually, 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.
- 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 USAF, Patrick AFB Fitness Center and their agents assume no liability for persons who undertake physical activity, an if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**NO CHANGES PERMITTED: You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he/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 answered to my full satisfaction."**

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS \_\_\_\_\_

**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.**