



DATE: _____

NOTES: _____
_____**FITNESS ASSESSMENT QUESTIONNAIRE**

BODY FAT % _____ Height _____ Weight _____ BIRTHDATE _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY, STATE _____ ZIP _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

PHYSICAL ACTIVITY READINESS

PHYSICAL ACTIVITY SHOULD NOT BE HAZARDOUS FOR MOST PEOPLE. THE PAR-Q HAS BEEN DESIGNED TO IDENTIFY THOSE INDIVIDUALS WHO SHOULD SEEK MEDICAL ATTENTION PRIOR TO BEGINNING A PHYSICAL FITNESS PROGRAM.

(PLEASE CIRCLE)

1. DO YOU HAVE HIGH CHOLESTEROL?	YES	NO
2. HAS YOUR DOCTOR EVER SAID YOU HAVE HEART TROUBLE?	YES	NO
3. DO YOU FREQUENTLY HAVE HEART AND/OR CHEST PAINS?	YES	NO
4. HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAVE A BONE OR JOINT PROBLEM (E.G., ARTHRITIS) THAT HAS BEEN OR MAY BE EXACERBATED BY PHYSICAL ACTIVITY?	YES	NO
5. DO YOU OFTEN FEEL FAINT OR HAVE SPELLS OF SEVERE DIZZINESS?	YES	NO
6. HAS YOUR DOCTOR EVER TOLD YOU THAT YOUR BLOOD PRESSURE IS TOO HIGH?	YES	NO
7. HAVE YOU HAD SURGERY IN THE PAST 6 MONTHS?	YES	NO
8. ARE YOU PREGNANT?	YES	NO
9. ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS?	YES	NO
10. HAVE YOU SMOKED OR USED ANY NICOTINE PRODUCTS IN THE PAST 30 DAYS?	YES	NO
IF YES, HOW MUCH PER DAY?	1/2 PACK	2 PACKS
	1 PACK	3+ PACKS
11. HAVE YOU CONSUMED ALCOHOL IN THE PAST 30 DAYS?	YES	NO
IF YES, HOW MANY PER WEEK?	1 to 5	11 to 15
	6 to 10	15+
12. IS THERE ANY REASON, NOT MENTIONED, THAT WOULD NOT ALLOW YOU TO PARTICIPATE IN A PHYSICAL FITNESS PROGRAM?	YES	NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE INITIAL AND ANSWER THE FOLLOWING:

HAVE YOU CONSULTED AND/OR WILL YOU CONSULT YOUR PHYSICIAN REGARDING AN INCREASE IN PHYSICAL ACTIVITY AND/OR RECEIVING A FITNESS EVALUATION OR FITNESS PROGRAM? YES NO