

LIFE GYM, L.L.C.
PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)

Name (please print): _____ Date: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Alternate Phone: _____

Regular exercise is associated with many health benefits; however, any change in activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and **answer every question honestly**.

*[check **Yes** or **No** for each question]*

- Yes** **No** Has a physician ever said that you have a heart condition and that you should only do physical activity recommended by a physician?
- Yes** **No** Do you feel pain in your chest when you do physical activity?
- Yes** **No** In the past month, have you had chest pain when you were not doing physical activity?
- Yes** **No** Do you lose your balance because of dizziness, or do you ever lose consciousness?
- Yes** **No** Do you have a bone or joint problem that could be worsened by any change in your physical activity?
- Yes** **No** Are you pregnant or post-partum?
- Yes** **No** Do you have insulin-dependent diabetes?
- Yes** **No** Do you have asthma, COPD, or any other respiratory disorder that could be made worse with exercise?
- Yes** **No** Do you know of any other reason why you should not do physical activity?

If you answered **Yes to one or more questions**, talk to your physician **BEFORE** you start becoming more physically active. Tell your physician about this PARQ and which questions you answered **Yes**.

- ▶ You may be able to do any activity you want, as long as you start slowly and progress gradually.
- ▶ You may need to restrict your activities to only those that are safe for you.
- ▶ Follow your physician's advise about the kinds of activities recommended.

If you answered **No to all questions**, you can be reasonably sure that you can:

- ▶ Start to become more physically active.
- ▶ Begin to take part in a fitness training program. Remember to start slowly and build up gradually.

I certify that I have read and completed this questionnaire, and that I understand the same. Any questions I may have had were answered to my satisfaction.

Signature of Participant

Signature of Parent or Guardian (if applicable)

Date

Witness