

# Health/Medical Questionnaire

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

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ E-mail address: \_\_\_\_\_

In case of emergency, whom may we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Personal physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Present/Past History

Have you had OR do you presently have any of the following conditions? (Check if yes.)

- Rheumatic fever
- Recent operation
- Edema (swelling of ankles)
- High blood pressure
- Injury to back or knees
- Low blood pressure
- Seizures
- Lung disease
- Heart attack
- Fainting or dizziness
- Diabetes
- High cholesterol
- Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attack) nocturnal dyspnea (shortness of breath at night)
- Shortness of breath at rest or with mild exertion
- Chest pains
- Palpitations or tachycardia (unusually strong or rapid heartbeat)
- Intermittent claudication (calf cramping)
- Pain, discomfort in the chest, neck, jaw, arms, or other areas
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities
- Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg of your body
- Other

## Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition occurred.

- Heart attack
- Heart operation
- Congenital heart disease
- High blood pressure
- High cholesterol

- \_\_\_ Diabetes
- \_\_\_ Other major illness \_\_\_\_\_

Explain checked items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Activity History**

1. How were you referred to this program? (Please be specific.) \_\_\_\_\_  
\_\_\_\_\_

2. Why are you enrolling in this program? (Please be specific.) \_\_\_\_\_  
\_\_\_\_\_

- 3. Are you presently employed? Yes \_\_\_ No \_\_\_
- 4. What is your present occupational position? \_\_\_\_\_
- 5. Name of company: \_\_\_\_\_
- 6. Have you ever worked with a personal trainer before? Yes \_\_\_ No \_\_\_
- 7. Date of your last physical examination performed by a physician: \_\_\_\_\_
- 8. Do you participate in a regular exercise program at this time? Yes \_\_\_ No \_\_\_ If yes, briefly describe:  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Can you currently walk 4 miles briskly without fatigue? Yes \_\_\_ No \_\_\_
- 10. Have you ever performed resistance training exercises in the past? Yes \_\_\_ No \_\_\_
- 11. Do you have injuries (bone or muscle disabilities) that may interfere with exercising? Yes \_\_\_ No \_\_\_ If yes, briefly describe: \_\_\_\_\_  
\_\_\_\_\_

- 12. Do you smoke? Yes \_\_\_ No \_\_\_ If yes, how much per day and what was your age when you started?  
Amount per day \_\_\_\_\_ Age \_\_\_\_\_
- 13. What is your body weight now? \_\_\_\_\_ What was it one year ago? \_\_\_\_\_ At age 21? \_\_\_\_\_
- 14. Do you follow or have you recently followed any specific dietary intake plan, and in general how do you feel about your nutritional habits? \_\_\_\_\_  
\_\_\_\_\_

15. List the medications you are presently taking. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 16. List in order your personal health and fitness objectives.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_  
\_\_\_\_\_
  - c. \_\_\_\_\_  
\_\_\_\_\_

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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 much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box 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	
<input type="checkbox"/>	<input type="checkbox"/>	<b>1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>2. Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>3. In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>4. Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>7. Do you know of <u>any other reason</u> why you should not do physical activity?</b>

### 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 you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

### 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. 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 fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, 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.

**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 or 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 \_\_\_\_\_ WITNESS \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

**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.**