

Participant Name: \_\_\_\_\_

Regular exercise is associated with many health benefits, though any change of activity may increase the risk of injury. Complete this questionnaire as a first step toward increasing the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

YES	NO	
		1. Has a physician ever said you have a heart condition and that you should only perform physical activity recommended by a physician?
		2. Do you feel pain in your chest during physical activity?
		3. In the past month, have you had chest pain at a time when you were not doing physical activity?
		4. Do you ever lose consciousness or do you lose your balance because of dizziness?
		5. Do you have bone or joint problems (back, knee or hip) that may be made worse by a change in your physical activity?
		6. Is a physician currently prescribing medications for your blood pressure or a heart condition?
		7. Are you 69 years of age or older?
		8. Do you know of any other reason why you should not exercise or increase your physical activity?

If you answered “yes” to any of the above questions, we strongly request that your doctor complete a Physician Authorization Form before beginning a Stay Strong, Stay Healthy class. Your instructor can provide the form to you or your physician.

If you honestly answered “no” to all questions, you can be reasonably sure that you can safely and gradually increase your level of physical activity.

*Note: This PAR-Q is valid for a maximum of 12 months from the date it is completed. If at any time your medical condition changes, you must complete a new PAR-Q and the previous one becomes invalid.*

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

**Returning participant initial if all responses are the same** \_\_\_\_ **Date** \_\_\_\_\_

*For instructor use. Valid for one year.*

