

## **Data Collection Sheet**

NAME:				_ DATE:	
HEIGHT:i	n.	WEIGHT:	_lbs.	AGE:	
PHYSICIANS NAME	Ξ:		PI	HONE:	

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should		
	only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any		
	physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose		
	consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in		
	your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or		
	for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical		
	activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician <u>before</u> engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.



## GENERAL & MEDICAL QUESTIONNAIRE

	Occupational Questions	Yes	No
1	What is your current occupation?		
2	Does your occupation require extended periods of sitting?		
3	Does your occupation require extended periods of repetitive movements? (If yes,		
	please explain.)		
4	Does your occupation require you to wear shoes with a heel (dress shoes)?		
5	Does your occupation cause you anxiety (mental stress)?		
	Recreational Questions	Yes	No
6	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please	103	110
Ů	explain.)		
7	Do you have any hobbies (reading, gardening, working on cars, exploring the Internet,		
	etc.)? (If yes, please explain.)		
	Medical Questions	Yes	No
8		res	NO
8	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?	ies	NO
8		ies	NO
8	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?	1 es	NO
8	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?	i es	NO
9	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?	ies	NO
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