



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **La Crosse Area Family YMCA Physical Activity Readiness Questionnaire (PAR-Q)**

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

**YES**    **NO**

- |                          |                          |     |   |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.  | Has your doctor ever said you have heart trouble?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.  | Do you frequently have pains in your heart and chest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.  | Do you often feel faint or have spells of severe dizziness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.  | Has a doctor ever said your blood pressure was too high?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.  | Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.  | Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.  | Are you over age 60 <b>and</b> not accustomed to vigorous exercise?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.  | Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.  | Are you currently taking any medications? If YES, please specify.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Do you currently have a disability or a communicable disease? If YES, Please specify,   |

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at the La Crosse Area Family YMCA.

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Print Name

Signature

Date

**Please Note:** If you contract a communicable disease, it is your responsibility to inform the staff of the La Crosse Area Family YMCA of this condition and your membership may be suspended until this condition is cured or in a state of remission.

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## AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire

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Assess your health needs by marking all *true* statements.

### History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

### Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.
- You take heart medications.

*If you marked any of the statements in this section, consult your physician or other appropriate healthcare provider before engaging in exercise. You may need to use a facility with a medically qualified staff.*

### Other health issues

- You have diabetes
- You have or asthma other lung disease.
- You have burning or cramping in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

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### Cardiovascular risk factors

- You are a man older than 45 years.
- You are a woman older than 55 years, you have had a hysterectomy, or you are postmenopausal.
- You smoke, or quite within the previous 6 mo.
- Your BP is greater than 140/90.
- You don't know your BP.
- You take BP medication.
- Your blood cholesterol level is >200 mg/dL.
- You don't know your cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- You are physically inactive (i.e., you get less than 30 min. of physical activity on at least 3 days per week).
- You are more than 20 pounds overweight.

*If you marked two or more of the statements in this section, you should consult your physician or other appropriate healthcare provider before engaging in exercise. You might benefit by using a facility with a professionally qualified exercise staff to guide your exercise program.*

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- None of the above is true.

*You should be able to exercise safely without consulting your physician or other healthcare provider in a self-guided program or almost any facility that meets your exercise program needs.*