

REED-CUSTER COMMUNITY FIELDHOUSE

Physical Activity Readiness Questionnaire (PARQ)

Name: _____ Date: _____
Please Print

Address: _____ City: _____

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Has your doctor ever said you have heart trouble? |
| ___ | ___ | 2. Do you frequently have pain in your heart or chest? |
| ___ | ___ | 3. Do you often suffer from severe dizziness? |
| ___ | ___ | 4. Do you have any orthopedic problem as arthritis that might be aggravated by exercise? |
| ___ | ___ | 5. Is there a good reason not mentioned here why you could not follow an exercise program even if you wanted to? |
| ___ | ___ | 6. Have you ever been told by a doctor that your blood pressure was too high? |
| ___ | ___ | 7. If female, are you pregnant? |
| ___ | ___ | 8. Are you currently under any prescribed medications? |
| ___ | ___ | 9. Do you have Asthma & carry an Inhaler with you? |

NOTE: If you answered "YES" to any of the above questions, a doctor's note will be required!

SIGNATURE: _____