



UNIVERSITY RECREATION & WELLNESS

FITNESS

Personal Fitness Assessment Packet- Bod Pod & Fitness Assessment

Regular physical activity is safe for most people; however, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult your doctor before starting to exercise, please read the following questions carefully. All information will be kept confidential.

The Physical Activity Readiness Questionnaire (PAR-Q)

Please answer the questions below by checking yes or no; if you check yes, please provide further explanation. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

PAR-Q Questionnaire	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Explanation:		
2. Do you feel pain in your chest when you do physical activity? Explanation:		
3. In the past month, have you had chest pain when you were not doing physical activity? Explanation:		
4. Do you lose balance because of dizziness or do you ever lose consciousness? Explanation:		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Explanation:		
6. Is your doctor currently prescribing medication for high blood pressure or a heart condition? Explanation:		
7. Have you ever experienced a stroke? Explanation:		
8. Do you have diabetes? Explanation:		
9. Has a physician ever told you or are you aware that you have high blood		

pressure or a heart condition? (high blood pressure= +140/90 mmHG) Explanation:		
10. Has a physician ever told you or are you aware that you have a high cholesterol level? (total serum cholesterol= +200 mg/dl) Explanation:		
11. Have you had surgery within the past year? If yes, what and when. Explanation:		
12. Have you ever had knee or hip replacement surgery and if so when? Explanation:		
13. Do you currently smoke? Explanation:		
14. Do you have asthma or other disordered breathing (i.e. emphysema, COPD, chronic bronchitis)? Explanation:		
15. Has anyone in your immediate family (parents/ siblings) had a heart attack, stroke, or cardiovascular disease before the age of 55? Explanation:		
16. Are you pregnant or trying to become pregnant? Explanation:		
17. Have you ever been on a medically prescribed diet? Explanation:		
18. Have you ever been diagnosed with a dietary related medical condition such as a food allergy, digestive disease (Celiac, Chrons, or Ulcerative Colitis) or eating disorder? Explanation:		
19. Do you know of any other reason why you should not engage in physical activity? Explanation:		

Are you currently taking any medications? _____ YES _____ NO. If so, please list below.

Name of medication and reason for taking:

If you answered yes to one or more questions on the PAR-Q:

- Your physician may need to complete the RecWell physician clearance form prior to your personal fitness assessment/training. The Fitness Director will alert of you of this requirement.
- With your physician's approval, you may be able to do any activity you want as long as you begin slowly and build up gradually. Or you may need to restrict your activities to those that are safe for you.