

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE – PARQ

Client Name:

Major Coronary Risk Factors		
Yes	No	
		Age: Are you a male older than 45, or a female older than 55?
		Family History: Do you have a family history of coronary (heart) disease or other atherosclerotic disease in parents or siblings prior to age 55?
		Current cigarette smoking: Do you smoke?
		Hypertension: Do you have elevated blood pressure (>than or = to 140/90 mmhg)?
		Hypercholesterolemia: Do you have high blood cholesterol (> than or = to 240 mg/dL)?
		Sedentary Lifestyle/physical inactivity: Are you a physically inactive individual?
Major Signs or Symptoms		
Yes	No	
		Do you experience pressure or pain in your chest, neck, shoulders, or arm during or right after physical activity?
		Do you often have difficulty breathing?
		Do you become very short of breath with just mild exertion?
		Do you often feel faint or have spells of severe dizziness?
		Do you have difficulty in breathing when you are lying down or sleeping?
		Do you experience swollen or painful ankles?
		Have you had bouts of rapid or irregular heart beats?
		Do you suffer from pain or cramps in your legs after walking short distances?
		Do you have a heart murmur?
		Is there a good physical reason not mentioned here why you should not participate in an exercise program? If so, what?
Known Disease		
Yes	No	
		Has your doctor ever said you have heart trouble (i.e. diagnosed heart disease, abnormal ECG, atrial tachycardia, etc.)?
		Has your doctor ever said you have diabetes?
		Has your doctor ever said you have a lung ailment (i.e. asthma, bronchitis, emphysema)?
		Do you have any other chronic illness?
		Please list medications you are presently taking (if any) and for what reason:

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Physicians Release Criteria:

**2 or more from the risk factors and/or signs and symptoms sections
and/or**

1 or more from the known disease section

Physicians Release Needed: Yes No

PARQ checked by: _____ Date: _____