

PAR-Q
(Physical Activity Readiness Questionnaire)

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? ___Y ___N
2. Do you feel pain in your chest when you do physical activity? ___Y ___N
3. In the past month, have you had chest pain when you were not doing physical activity? ___Y ___N
4. Do you lose your balance because of dizziness, or do you ever lose consciousness? ___Y ___N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? ___Y ___N
6. Is your doctor currently prescribing drugs (i.e. Water pills) for your blood pressure or heart condition? ___Y ___N
7. Do you know of any reason why you should not do physical activity? ___Y ___N

NEW FAMILY/AFFILIATE ID INFORMATION

LSU Sponsor Name: _____

Relationship with Applicant: _____

Email: _____

Applicant Name: _____

Phone: _____

Email: _____

Birthplace: _____

Last 4 of SSN: _____

Wellness Staff Member: _____

Date: _____