

PAR-Q & **Medical Questionnaire**

Please answer the following questions.

 2. Do you have chest pain brought on by physical activity? Yes No 3. Do you tend to lose consciousness or fall over as a result of dizziness? Yes No 4. Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes No Yes No 9 5. Do you have a bone or joint problem that could be aggravated by physical activity? Yes No 5. Do you have a bone or joint problem that could be aggravated by physical activity? Yes No 5. Are you aware, through your own experiences or a doctor's 	. Heart Disease or Stroke 2. High Blood Pressure
Yes No 3 3. Do you tend to lose consciousness or fall over as a result of dizziness? 4 7 No 6 Yes No 7 4. Has a doctor ever recommended medication for your blood pressure or a heart condition? 8 Yes No 9 5. Do you have a bone or joint problem that could be aggravated by physical activity? 10 Yes No 11 6. Are you aware, through your own experiences or a doctor's 12	2. High Blood Pressure
Yes No 3. Do you tend to lose consciousness or fall over as a result of dizziness? 4 Yes No 6 Yes No 7 4. Has a doctor ever recommended medication for your blood pressure or a heart condition? 7 Yes No 9 Yes No 10 5. Do you have a bone or joint problem that could be aggravated by physical activity? 11 Yes No 12 Yes No 12 6. Are you aware, through your own experiences or a doctor's 12	
 3. Do you tend to lose consciousness or fall over as a result of dizziness? Yes No Yes No Yes No S. Do you have a bone or joint problem that could be aggravated by physical activity? Yes No Yes No S. Do you have a bone or joint problem that could be aggravated by physical activity? Yes No Yes No S. Do you have a bone or joint problem that could be aggravated by physical activity? Yes No Yes No S. Do you have a bone or joint problem that could be aggravated by physical activity? Yes No Yes No 	G. Cancer
of dizziness? 5 Yes No 6 Yes No 7 A. Has a doctor ever recommended medication for your blood pressure or a heart condition? 8 Yes No 9 S. Do you have a bone or joint problem that could be aggravated by physical activity? 1 Yes No 1 S. Are you aware, through your own experiences or a doctor's	I. Lung/Pulmonary Disease
Yes No 7 4. Has a doctor ever recommended medication for your blood pressure or a heart condition? 8 Yes No 9 5. Do you have a bone or joint problem that could be aggravated by physical activity? 11 Yes No 12 6. Are you aware, through your own experiences or a doctor's 12	. Kidney Disease
 4. Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes No 5. Do you have a bone or joint problem that could be aggravated by physical activity? Yes No 12 Yes No 13 6. Are you aware, through your own experiences or a doctor's 	6. Ulcer
blood pressure or a heart condition? 8 Yes No 9 5. Do you have a bone or joint problem that could be aggravated by physical activity? 1' Yes No 1: 6. Are you aware, through your own experiences or a doctor's	. Gastrointestinal Disease
Yes No 5. Do you have a bone or joint problem that could be aggravated by physical activity? 1' Yes No 1' 6. Are you aware, through your own experiences or a doctor's 1'	B. Arthritis
5. Do you have a bone or joint problem that could be aggravated by physical activity? 1 Yes No 6. Are you aware, through your own experiences or a doctor's	Depression
aggravated by physical activity? 1' Yes No 1: 6. Are you aware, through your own experiences or a doctor's	0. Diabetes Mellitus
Yes No 1 6. Are you aware, through your own experiences or a doctor's 1	1. Food Allergies
 Are you aware, through your own experiences or a doctor's 	2. Neuromuscular Disease
	3. Parkinson's Disease
advice, of any other physical reason against your exercising	4. Immune system disease
without medical supervision?	5. Medically Diagnosed Eating Disorder
Yes No 1	6. Pregnant/trying to conceive
7. Are you over the age of 65 and not accustomed to	7. Breastfeeding
vigorous exercise?	8. Pancreatitis or family history of pancreatiti
	9. Has a physician recommended high level care for any condition above that applies to you?
 8. Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment? 2 	20. Have you had any type of weight loss (bariatric) surgery including gastric bypass
Yes No	or stomach stapling?
9. If you answered NO to question 8, will you consult your 2	1. Osteoporosis
physician prior to increasing your physical activity and/or performing a fitness assessment?	2. Sleep Apnea
Yes No	23. Liver/Gallbladder Disease
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any and all medical conditions that from the list below:

1.	Heart Disease or Stroke	Yes	No
2.	High Blood Pressure	Yes	No
3.	Cancer	Yes	No
4.	Lung/Pulmonary Disease	Yes	No
5.	Kidney Disease	Yes	No
6.	Ulcer	Yes	No
7.	Gastrointestinal Disease	Yes	No
8.	Arthritis	Yes	No
9.	Depression	Yes	No
10.	Diabetes Mellitus	Yes	No
11.	Food Allergies	Yes	No
12.	Neuromuscular Disease	Yes	No
13.	Parkinson's Disease	Yes	No
14.	Immune system disease	Yes	No
15.	Medically Diagnosed Eating Disorder	Yes	No
16.	Pregnant/trying to conceive	Yes	No
17.	Breastfeeding	Yes	No
18.	Pancreatitis or family history of pancreatitis	Yes	No
19.	Has a physician recommended high level care for any condition above that applies to you?	Yes	No
20	. Have you had any type of weight loss (bariatric) surgery including gastric bypass or stomach stapling?	Yes	No
21.	Osteoporosis	Yes	No
22	. Sleep Apnea	Yes	No
23	. Liver/Gallbladder Disease	Yes	No