

Modified Physical Activity Readiness Questionnaire (PAR-Q)

Name _____ Date: _____

Date of Birth: _____ Age: _____ Washburn University Email: _____ Cell Phone: _____
Preference (√) _____ Preference (√) _____ Preference (√) _____

Regular exercise is associated with many health benefits, and any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. When you do physical activity, do you feel pain in your chest? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. When you are not doing physical activity, have you had chest pain in the past month? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Have you ever lost consciousness or do you lose your balance because of dizziness? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Is a physician currently prescribing medications for your blood pressure or heart condition? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Are you pregnant? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Do you have insulin dependent diabetes? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Are you 69 years of age or older? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10. Do you know of any other reason you should not exercise or increase your physical activity? |

If you answered yes to any of the above questions, talk with your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes.

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity **gradually**.

If your health changes after completion of this form and you can answer yes to any of the above questions, seek guidance from a physician.

Participant signature: _____ Date: _____

HEALTH-HISTORY QUESTIONNAIRE

Name _____ Date _____

Age _____ Sex M F Prefer not to disclose

Physician's Name _____ Physician's Phone (_____) _____

Person to contact in case of emergency:

Name: _____ Phone: _____

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

Does your physician know you are participating in this exercise program?

Describe any physical activity you do somewhat regularly.

Do you now have, or have you had in the past:	Yes	No
1. History of heart problems, chest pain, or stroke	<input type="checkbox"/>	<input type="checkbox"/>
2. Elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Any chronic illness or condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty with physical exercise	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
7. Pregnancy (now or within last 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
8. History of breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
9. Muscle, joint, or back disorder, or any previous injury still affecting you	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes or metabolic syndrome	<input type="checkbox"/>	<input type="checkbox"/>
11. Thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>
12. Cigarette smoking habit	<input type="checkbox"/>	<input type="checkbox"/>
13. Obesity [body mass index (BMI) ≥ 30 kg/m ²]	<input type="checkbox"/>	<input type="checkbox"/>
14. Elevated blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
15. History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>
16. Hernia, or any condition that may be aggravated by lifting weights or other physical activity	<input type="checkbox"/>	<input type="checkbox"/>

**Exercise History and
 Attitude Questionnaire**

General Instructions: Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age

15–20 _____ 21–30 _____ 31–40 _____ 41–50 _____ 51+

2. Were you a high school and/or college athlete?

Yes No If yes, please specify _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

Yes No If yes, please explain _____

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

Yes No If yes, please explain _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies.

Characterize your present athletic ability.	1	2	3	4	5
When you exercise, how important is competition?	1	2	3	4	5
Characterize your present cardiovascular capacity.	1	2	3	4	5
Characterize your present muscular capacity.	1	2	3	4	5
Characterize your present flexibility capacity.	1	2	3	4	5

6. Do you start exercise programs but then find yourself unable to stick with them? Yes No

7. How much time are you willing to devote to an exercise program? _____ minutes/day _____ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes No If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days/week

Rate your perception of the exertion of your exercise program (check the box):

Light Fairly light Somewhat hard Hard

9. How long have you been exercising regularly? _____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. Can you exercise during your work day? Yes No

12. Would an exercise program interfere with your job? Yes No

13. Would an exercise program benefit your job? Yes No

14. What types of exercise interest you?

- | | | |
|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Strength training |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Traditional aerobics | <input type="checkbox"/> Racquet sports |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Elliptical striding | <input type="checkbox"/> Yoga/Pilates |
| <input type="checkbox"/> Stair climbing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other activities |

15. Rank your goals in undertaking exercise: What do you want exercise to do for you?

Use the following scale to rate each goal separately.

Not at all important (1-3)	Somewhat important (4-7)					Extremely important (8-10)				
a. Improve cardiovascular fitness	1	2	3	4	5	6	7	8	9	10
b. Lose weight/body fat	1	2	3	4	5	6	7	8	9	10
c. Reshape or tone my body	1	2	3	4	5	6	7	8	9	10
d. Improve performance for a specific sport	1	2	3	4	5	6	7	8	9	10
e. Improve moods and ability to cope with stress	1	2	3	4	5	6	7	8	9	10
f. Improve flexibility	1	2	3	4	5	6	7	8	9	10
g. Increase strength	1	2	3	4	5	6	7	8	9	10
h. Increase energy level	1	2	3	4	5	6	7	8	9	10
i. Feel better	1	2	3	4	5	6	7	8	9	10
j. Increase enjoyment	1	2	3	4	5	6	7	8	9	10
k. Social interaction	1	2	3	4	5	6	7	8	9	10
i. Other	1	2	3	4	5	6	7	8	9	10

16. By how much would you like to change your current weight?

(+) _____ lb

(-) _____ lb



Student Recreation and Wellness Center

Fitness and Wellness Assessments and Consultation Form

Please select the service(s) needed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Smart Start Orientation | <input type="checkbox"/> Resting Measurements | <input type="checkbox"/> Fitness Assessment* |
| <input type="checkbox"/> Body Composition | | <input type="checkbox"/> Exercise Program Design* |
| <input type="checkbox"/> Fitness Consultation | | <input type="checkbox"/> Nutrition Consultation* |
| <input type="checkbox"/> Behavior Change Consultation | | <input type="checkbox"/> Movement Screen* |

*Nutrition Consultation requires a 3-5day food log or MyFitness Pal log before appointment.

*Exercise Prescription requires a pre and post meeting (Movement screen Assessment and Program Design/Implementation).

*Fitness Assessment requires a Fitness Assessment Packet to be turned into the SRWC front desk before appointment can be made.

*Please note selecting multiple services might need to be divided into multiple sessions based on schedules and availability.

Eligibility

SRWC students and members, are eligible to participate in the following services available at the SRWC.

Smart Start Orientation (1 hour)

Learn the proper way to use the exercise equipment at the Student Recreation and Wellness Center (SRWC) from one of our wellness staff members. This orientation provides participants with a basic overview of equipment, while stressing proper technique. Smart Start Orientations are available by appointment. To schedule your appointment, or for additional information, please **contact a wellness staff member of the SRWC.**

Body Composition (15 minutes)

A SRWC staff member uses a skin-fold caliper to measure adipose tissue (fat tissue between the skin and muscle) from predetermined anatomical sites. Your body composition is calculated based on these measurements. Body Composition may also be measured using the Tanita



Bioelectrical Impedance Analysis scale. Body composition refers to relative percentages of body weight; usually expressed as percent of body fat and percent of lean body mass.

Resting Measurements (30 minutes)

The SRWC utilizes the state-of-the-art FitMate Pro fitness assessment system to assess Basal Metabolic Rate (BMR). BMR is the number of calories required to keep your body functioning at rest. BMR is also known as your body's metabolism. Resting measurements also includes resting heart rate and blood pressure.

Fitness Assessment (1 hour)*

The SRWC utilizes the state-of-the-art FitMate Pro fitness assessment system. The FitMate Pro system allows the SRWC staff to perform multiple assessments including: submaximal walk/run test (predicted VO₂ Max) and BMR (basal metabolic rate). In addition, the staff can assess your body composition, blood pressure, muscular strength, muscular endurance, and flexibility. Once your results are calculated, you will receive a detailed educational report. A SRWC staff member will meet with you to discuss the report.

Consultation (30 minutes-1 hour)*

A consultation is available for any individual who may be unsure of what he/she needs regarding exercise, fitness, nutrition, and behavior changes. This consultation aids in goal setting and developing a fundamental understanding of general fitness, wellness, nutrition, and health concepts. This session may also be used as a follow-up to an exercise program design or to update and make changes to a current exercise program.

Movement Screen (1 hour)*

The movement screen includes a structural and movement-based assessments based on the ACE IFT model to evaluate balance, joint stability, joint mobility, range of motion, skeletal structure, pain indicators and flexibility.

Exercise Program Design (1 hour)*

A SRWC staff member can develop a customized exercise program based on your goals, interests, fitness knowledge, past workouts, likes/dislikes of working out, and your schedule.

How to Register

Scheduling an appointment with a SRWC staff member is easy. Stop by the Student Recreation and Wellness Center or **contact a SRWC staff member of the SRWC via the contact information listed below:** They will send a follow up email and additional paperwork as needed.



James Thayer, James.Thayer@washburn.edu Assistant Director Fitness & Wellness, 670-1314

Helpful Reminders

- **Complete all necessary portions of the fitness and wellness assessment and consultation packet**
- **Come prepared to be active and possibly workout**
 - **Hydrate before you come.**
 - **Don't come on an empty stomach.**
 - **Dress in activewear and appropriate running/tennis shoes.**
- **Be prepared to discuss goals, past/current physical activity (if any), and questions/concerns.**
- Understand that while completing a fitness assessment or any other service you must remain in compliance with Washburn University's Concealed Weapons Policy. Individuals who carry concealed weapons should make arrangements to properly store them prior to entering the SRWC for fitness/wellness services.

Cancellation Policy

To cancel an appointment, individuals should call the Student Recreation and Wellness Center at 670-1314 a minimum of six hours in advance of their scheduled appointment. Failure to do so may affect your ability to be rescheduled without delay.