**Physical Activity Readiness Questionnaire (PAR-Q) (revised 2003)**

**PAR-Q & YOU**

*(A Questionnaire for People Aged 15 to 69)*

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

<table>
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<th>YES</th>
<th>NO</th>
<th>1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</th>
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<td>2. Do you feel pain in your chest when you do physical activity?</td>
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<td>3. In the past month, have you had chest pain when you were not doing physical activity?</td>
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<td>4. Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
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<td>5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?</td>
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<td>6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart?</td>
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<td>7. Do you know of any other reason why you should not do physical activity?</td>
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If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES:

- You may be able to do any activity you want— as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answer “Yes” to any of the above questions, the Health & Fitness Lab staff requires that you provide a written physician’s consent to participate in the service prior to scheduling an appointment.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were in my full satisfaction.

NAME__________________________________________________________

SIGNATURE______________________________________________________

DATE__________________________

SIGNATURE OF PARENT____________________________________________

WITNESS________________________________________________________

Or GUARDIAN (for participants under the age of majority)
Pre-assessment and Informed Consent for Massage Therapy

Student_____ Faculty/Staff_____ Community_____ 

Name_________________ DOB_________________ Gender_________________ 

Phone ______________________________ Email ______________________________ 

In case of emergency __________________________ Phone ______________________________ 

Referred by ___________________________ Physician ______________________________ 

Have you ever experienced a professional massage or bodywork session? _____ If so, how recently? ____________ 

Primary goals for massage session ________________________________________________ 

Current Occupation: ___________________________ Extracurricular Activities/Hobbies: ___________________________ 

Health Questions: Please answer YES or NO (all responses are confidential and used solely to ensure your safety and well-being during your appointments with the Health & Fitness Lab Staff) 

_____ Are you currently taking any medication(s)? If so, for what? ___________________________ 

_____ Are you currently pregnant? If so, expected due date: ___________________________ 

_____ Do you wear contacts? 

_____ Have you had a history of hypertension (high blood pressure)? 

_____ Have you had a history of Osteoporosis? 

_____ Do you have a skin condition? 

_____ Do you have phlebitis/DVT? 

_____ Do you have a current flu, cold, or infection? 

Have you had a history of the following? 

_____ Heart Disease _____ Arthritis _____ Allergies _____ Varicose Veins 

_____ Bleeding Disorder _____ Seizures or Epilepsy _____ Diabetes _____ Cancer 

_____ Loss of Sensation _____ Frequent Stress _____ Frequent Headaches _____ Bruise Easily 

_____ Numbness or Stabbing Pains _____ Anticoagulant/medicine _____ Sensitive to Touch in Specific Area 

_____ Tension or Soreness in Specific Area (Please explain) ___________________________ 

_____ Skin Allergies 

Previous injury or illness of muscles, tendons, or ligaments. (please explain) ____________________________ 

_____________________________________________ 

Previous injury or illness of bones, joints, or nerves. (please explain) ____________________________ 

_____________________________________________
Informed Consent

I understand that: (1) therapeutic massage services are designed to be a health aid and are in no way meant to take the place of a physician's care when it is indicated, (2) information exchanged during any massage session(s) is educational in nature and is intended to help me become more familiar with and conscious of my own health status, (3) this information is to be used at my own discretion, (4) no refunds on missed appointments. Rescheduling for cancellations will be made only with a 24 hour advance notice. Furthermore, I agree to hold the massage therapist and Western Kentucky University free of liability for any injury I might suffer as a consequence of undergoing massage therapy.

____________________________________ ___________________
Signature of Participant Date

Signature of Witness Date

If Client is under 18 years of age:

Consent to Treatment of Minor: By my signature below, I hereby authorize ______________________ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

____________________________________
Signature of Parent or Guardian Date