

Physical Activity Readiness Questionnaire (PARQ)

Please mail this completed form to:

Dr. Katarina Borer
Division of Kinesiology
3060G CCRB
401 Washtenaw Ave.
Ann Arbor, MI 48109-2214

Subject Identification Code: _____

Home Address: _____

City: _____ State _____ Zip Code _____

E-Mail: _____

Phone (Daytime): _____ Phone (Evening): _____

Emergency Contact's Name: _____

Emergency Contact's Daytime Phone: _____

Your Height (in inches): _____ Weight (in pounds): _____

Today's Date: _____ Your Age: _____

The health benefits of regular physical activity include: lowering blood pressure; reduced risks of coronary heart disease and diabetes; and reduced body fat level. PARQ seeks to identify a small number of individuals who may have medical conditions that could make exercise hazardous to their health. Also, it seeks health information necessary for inclusion in the study.

1. Have you entered menopause? Yes No
2. When was your last menstrual period? (mm/dd/year)
3. Do you take replacement hormones? Yes No
4. Which hormones do you use?
5. Do you smoke? Yes No
6. How often and how long do you exercise?

7. Have you ever had heart pains or heart disease? Yes No

8. Have you ever had high blood pressure? Yes No

9. Do you have bone/joint problems? Yes No

10. Do you have asthma? Yes No

11. Do you have diabetes, or a family history of diabetes? Yes No

12. What medications do you take regularly?

13. Is there a reason (not already mentioned) why you should not follow an activity program, even if you wanted to?

14. Are you actively dieting? Yes No

Please use the space below to explain any "Yes" answers to the questions above.

Which study/studies are you interested in?

_____ 1. Hormone Study And 30 Weeks Of Walking

_____ 2. Blood Pressure And 15 Weeks Of Walking Study

_____ 3. Blood Pressure Response To Acute Exercise Study

_____ 4. Timing Of Meals And Exercise Study