

Physical Activity Readiness Questionnaire PAR-Q (Circle on the form)

Eligibility check (Note and circle on the form)

Age (40-65)		
Able to write/read	Yes	No
Lower limb disorders	Yes	No
Physical disabilities	Yes	No
How much do you exercise per week, on most weeks? Examples; Moderate- intensity aerobic activity (e.g. brisk walking) or Vigorous- intensity aerobic activity (e.g. running, jogging or playing basketball)?	<input type="checkbox"/> up to 30 minutes <input type="checkbox"/> up to 1 hour (less than 60 minutes) <input type="checkbox"/> up to 1,5 hours (less than 90 minutes) <input type="checkbox"/> up to 2 hours (less than 120 minutes) <input type="checkbox"/> up to 2,5 hours (less than 150 minutes) <input type="checkbox"/> more than 2,5 hours (150 minutes or more)	
1. Has anyone in your immediate family (mother, father, sister or brother) had a heart attack or died suddenly of a heart related disorder before age 55 (men) or 65 (women)?	Yes	No
2. Has your doctor informed you that you have any of these conditions? (check all that apply)		
<input type="checkbox"/> Heart condition or disease (also includes any type of heart surgery)	Yes	No
<input type="checkbox"/> Stroke	Yes	No
3. Has your doctor informed you that you have any of these conditions? (check all that apply)		
<input type="checkbox"/> Lung disease (e.g. chronic obstructive pulmonary disease/COPD or asthma)	Yes	No
<input type="checkbox"/> Diabetes	Yes	No
4. In the past 1 year, have you had chest pain when you engage in physical activity or when at rest?	Yes	No
5. Do you ever experience dizziness or even lose consciousness?	Yes	No
6. Do you have any bone, joint or muscle problem (e.g. back, knee, hip, shoulder or ankle) that could be made worse by participating in exercise?	Yes	No
7. Do you take tablets for high blood pressure and either continue to have poorly controlled high blood pressure, or you do not follow up with a doctor on a regular basis?	Yes	No
8. Are you currently pregnant?	Yes	No
9. Do you know of any reason why participating in exercise or any other physical activity might be harmful to your health?	Yes	No

Participant ID:

I have answered all previous questions honestly and to the best of my knowledge.

I hereby declare the above to be true reports of my medical history and current conditions and feel fit to participate in physical activity.

Participant Signature: _____

Date: _____

NUS Staff Name: _____

NUS Staff Signature: _____

Date: _____