

Yale Personal Training

Our mission is to provide the Yale community a personalized physical fitness program enabling them to train consistently and sensibly in a safe, clean, and professional environment to help prevent injury and improve physical fitness, health, and performance

Below is a list of things that you will need on your first evaluation/training session. If you have any questions please call your personal trainer.

- ✓ Be on time.
- ✓ For all clients who purchased a package of 5 or more sessions, expect your first session - which includes your initial consultation, analysis and fitness assessment - to last for 90 rather than 60 minutes.
- ✓ Bring all appropriate paperwork: this includes the Questionnaires, Forms and Par -Q form as directed by your trainer.
- ✓ Bring a towel.
- ✓ Bring a bottle of water or Gatorade
- ✓ If you have not already done so, and need to, bring your Physician's Release Form.
- ✓ Wear appropriate athletic footwear and clothing
- ✓ Be prepared to work hard, as you will be performing exercises to establish a baseline in Cardio Respiratory Endurance, Muscular Strength/Muscular Endurance and Flexibility.

***If you are going to be late or need to cancel an appointment please contact
your Personal Trainer***

Yale Personal Training

Contact Information

Please print and fill out form as completely as possible. This form will remain **confidential**.

NAME: _____ NET ID # _____ DATE: _____

Last

First

How were you referred to this program? (Please be specific.) _____

Phone: (H) _____ (W) _____ (C) _____

Date of Birth: _____ Age: _____

Address: _____
Street City State Zip

Email address: _____

In case of emergency, whom may we contact?

Contact #1

Name: _____

Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Contact #2

Name: _____

Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Health and Medical Worksheet

Personal Physician

1. Name: _____ Phone: _____ Fax: _____
2. Date of your last physical examination performed by a physician: _____
3. Do you have injuries (bone or muscle disabilities) that may interfere with exercising? Yes _____ No _____

If yes, briefly describe:

Present/Past Medical History

4. Have you had OR do you presently have any of the following conditions? **(Please Check All That Apply)**

- | | |
|---|--|
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Chest pains |
| <input type="checkbox"/> Recent operation | <input type="checkbox"/> Palpitations or tachycardia (unusually strong or rapid heartbeat) |
| <input type="checkbox"/> Edema (swelling of ankles) | <input type="checkbox"/> Pain, discomfort in the chest, neck, jaw, arms, or other areas |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Known heart murmur |
| <input type="checkbox"/> Injury to back or knees | <input type="checkbox"/> Unusual fatigue or shortness of breath with usual activities |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Temporary loss of visual acuity or speech, short-term numbness or weakness in one side, arm, leg or your body |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lung disease | |
| <input type="checkbox"/> Heart attack/Heart disease | |
| <input type="checkbox"/> Fainting or dizziness | |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> High Cholesterol | |
| <input type="checkbox"/> Shortness of breath upon mild exertion | |

5. Do you smoke? Yes _____ No _____ If yes, how much per day and at what age did you start?
Amount per day: _____ Age: _____
6. What is your body weight now? _____ What was it one year ago? _____ Age 21? _____
7. List the medications you are presently taking

8. Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.)
In addition, please identify at what age the condition occurred.

- Heart attack
- Heart operation
- Congenital heart disease
- High blood pressure
- High cholesterol
- Diabetes
- Other: Major Illness _____

Explain checked item:

Exercise/Activity History

Please print and fill out form as completely as possible.

1. What are your fitness goals?

2. Have you ever played sports in the past? If yes, which sports and at what levels?

Yes _____ No _____

Sport(s): _____ Level: _____

Sport(s): _____ Level: _____

3. Have you ever performed resistance-training exercise in the past? Yes _____ No _____

4. How often do you work out now (measured in hours per week)?

___ 0-2 hrs/wk ___ 3-6 hrs/wk ___ 7-10 hrs/wk ___ 11-15 hrs/wk ___ 16-20 hrs/wk ___ 21+ hrs/wk

5. Are you currently following a regular cardiovascular exercise-training program? If yes, how long?

Yes _____ No _____

How long? _____

6. Are you currently following a resistance-training program? If yes, how long?

Yes _____ No _____

How long? _____

7. Please rate your exercise level on a scale from 1 to 10 (10 indicates very strenuous, 1 indicates minimal exercise).
Check the appropriate space regarding your level of exercise.

1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10__

8. How much time are you willing to devote to an exercise program?

_____ hours/day _____ days/week

9. What types of exercise interest you?

____ Strength Training	____ Elliptical Machine	____ Group Aerobics Classes
____ Running/Jogging	____ Stepper	____ Yoga/Pilates
____ Walking	____ Rowing	____ Racquetball
____ Stationary Cycling	____ Swimming	____ Stretching/Flexibility

10. How would you characterize the physical activity level of your "average day"?

Minimal _____ Moderate _____ Vigorous _____

11. Have you ever worked with a personal trainer before? Yes _____ No _____

If yes, please describe your experience _____

12. Can you currently walk a mile briskly without fatigue? Yes _____ No _____

Diet and Nutrition

1. Do you follow or have you recently followed any specific dietary intake plan, and in general how do you feel about your nutritional habits?

2. Please briefly describe your general diet?

3. Do you exclude any food groups? If yes, which food groups?

Yes _____
 No _____

4. How often do you eat during the day?

0-2 times a day 3-5 times a day 6-9 times a day 10+ times a day

5. How much water do you drink a day (measured in 8 oz glasses)?

0-4 glasses 5-10 glasses 11-15 glasses 16-20 glasses 21+ glasses

Informed Consent Form

The following tests may be included in the introductory fitness test to evaluate physical fitness:

- | | |
|-----------------------|---------------------------|
| 1. Resting Heart Rate | 6. Body Composition |
| 2. Height (in inches) | 7. Three-minute step Test |
| 3. Weight | 8. Partial Curl-Ups |
| 4. BMI | 9. Push-Ups |
| 5. Waist to Hip Ratio | 10. Sit and Reach |

When you start your session(s) with our training staff, the Yale Personal Trainer will complete a routine fitness evaluation to assure they can help you meet your fitness goals. The fitness evaluation will measure four main areas of fitness: cardiovascular, muscular endurance, muscular strength, and flexibility. These areas will be evaluated with the following tests listed above.

Muscular fatigue may be experienced during or after these tests. Complications have been few during exercise tests, especially those of a sub maximal nature. If the person exercising is not tolerating the test well, it is stopped. Reported complications (1 in 10,000 tests) include faintness and irregularities in heart function. Also, risk of injury getting on or off exercise equipment is possible but rare.

Information and data obtained from any procedure or within the execution of Personal Training process is **confidential**. As such, that information and data is not released, to any one or entity unless the participant named below provides written authorization.

A physician's examination is recommended for *all participants* prior to beginning any regimen of physical fitness or personal training.

In signing this consent form, you acknowledge that you have read and understood the description of these tests and their possible complications. In addition, any questions you have about the fitness evaluation have been answered to your satisfaction. Every effort will be made to ensure your health and safety. You enter into the tests willingly and may withdraw at any time. By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed or implied by the leaders of the Yale Personal Training program.

Participant's name (please print clearly)

Participant's Signature

Date: _____

Parent/Guardian's Signature (if necessary)

Date: _____

Personal Trainer Signature

Date: _____

Release/Assumption of Risk Agreement

In accordance with my participation in activities associated with the Yale University Department of Athletics Fitness Center and the Yale Personal Training Program, I ,(PRINT) _____ do hereby waive, release, and forever discharge the Yale University Department of Athletics Fitness Center and its officers, agents, employees, representatives, executors, and all others, from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities in the Yale Personal Training Program.

_____ (Please Initial.)

I understand that all aerobic/resistance training is strenuous, therefore all persons should have a physical examination prior to engaging in aerobic and/or resistance training activity. Anyone with a current injury, current illness or prior health condition should receive a physicians' clearance before starting a fitness training program.

_____ (Please Initial.)

In addition, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas:

- The use of equipment in the Yale Fitness Center
- The performance of fitness-related evaluations to assess functional capacity
- The performance of activities as directed by the personal trainer
- Incidents that occur within the all areas of the Yale Department of Athletics Fitness Center.

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of the Yale University Department of Athletics Fitness Center. _____ (Please Initial)

Participant's Name (please print)

Date: _____

Participant's Signature

Date: _____

Parent/Guardian's signature (if necessary)

Date: _____

Personal Trainer's Signature

Cancellation and Rescheduling

Cancellation and rescheduling is based on a 24 hour notice. This means that the Fitness Center Supervisor or the Personal Trainer **must** be notified at least 24 hours in advance of the session. There are no exceptions to this rule.

- Yale Personal Training **requires** 24 hours' notice for cancelling or rescheduling in order to receive credit for the session(s). Therefore, if you do not show up or notify the Fitness Center Supervisor or Personal Trainer within 24 hours of the session(s), you will be charged. _____ (Please Initial)
- Yale Personal Training **requires** you to arrive no later than 10 minutes after the session start time. If you arrive more than 10 minutes late you will be charged for the session, regardless of weather the Personal Trainer can work with you or not. _____ **(Please initial)**.

If you need to cancel or reschedule a session, please call your personal trainer.

Refunds

Refunds Will Be Issued On A Case By Case Basis. No Refunds Will Be Issued For Personal Training Sessions After 6 Months From The Package Purchase Date For Any Reason

Yale acknowledges cases of medical and personal emergencies. Should such an event occur please contact your Trainer **and** the Fitness center Supervisor. Proper documentation may be required. _____ **(Please Initial)**

The official timepiece of Yale Personal Training is the Fitness Center clock. It is an Atomic Clock and it is completely accurate

By your signature, you affirm that you understand and agree to the terms and conditions of the Yale Personal Training Cancellation and Refund Policy

Printed Name _____

Signature: _____ Date: _____

Thank you,

Fitness Center Supervisor _____ **(Please Initial)**

Checklist at Initial Consultation

Client Name: _____ Personal Trainer: _____

- ___1. **Contact Information**
- ___2. **Health and Medical Worksheet**
- ___3. **Exercise/Activity History**
- ___4. **Diet and Nutrition**
- ___5. **Informed Consent Form**
- ___6. **Release/Assumption of Risk Form**
- ___7. **Cancellation Policy / Refund Policy**
- ___8. **Physician Release Form**
- ___9. **PAR – Q (Q___ PARmed___ PARmed/Pregnancy___)**
- ___10. **Anthropometric Measurements**
- ___11. **Assessment and Fitness Evaluation**
- ___12. **Availability:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Assessment and Fitness Evaluations

The Assessment: The assessment will consist of the following measurements:

- | | |
|---|---|
| <p>_____ 1. Weight</p> <p>_____ 2. Body Mass Index (BMI)</p> <p>_____ 3. Fat Free Mass (FFM)</p> <p>_____ 4. Total Body Water%</p> <p>_____ 5. Basal Metabolic Rate (BMR)</p> <p>_____ 6. Pulse</p> | <p>_____ 7. Desired Weight</p> <p>_____ 8. Desired BMI</p> <p>_____ 9. Fat Mass</p> <p>_____ 10. Body Fat Percentage (BFP)</p> <p>_____ / _____ 11. Blood Pressure (BP)</p> <p>_____ 12. Hypo/Hypertension Indicators</p> |
|---|---|

Fitness Evaluation

1. Cardio Respiratory Endurance
 - A. Stationary Bicycle
 - B. Treadmill
 - C. Stepping Up and Down (12 inch step)

2. Muscular Strength/Muscular Endurance:
 - A. Repetition of Bench Press (1 Minute)
 - B. Curl-Ups (1 Minute)
 - C. Push-Ups (1 Minute)

3. Flexibility
 - As examined on athletic table measuring flexion.

Analysis of Questionnaires: _____

Anthropometric and Fitness Evaluation Measurements:

Fitness Evaluation Measurements:

Bench Press Weight	Stepping Up & Down	Treadmill
Curls	Other	Bicycle
Push-ups		

Anthropometric Measurements:

Standing Height	Stride	Neck
Abdomen	Chest	Waist
Hip/Buttocks	Thigh	Calf
Bicep	Forearm	

Yale Personal Training

MOVEMENT COMPENSATION & MUSCLE IMBALANCE ASSESSMENTS

OVERHEAD SQUAT ASSESSMENT			
<i>Anterior View</i>			
Checkpoint	Movement Compensation	Probable Overactive Muscles (Stretch)	Probable Underactive Muscles (Strengthen)
Feet	Feet Turn Out	Soleus, Lateral Gastroc, SH of Biceps Femoris	Medial Gastroc, Medial Hamstring, Gracilis, Sartorius, Popliteus
Knees	Knees Move Inward	Adductor Complex, SH of Biceps Femoris, TFL, Vastus Lateralis	Gluteus Medius/Maximus, VMO

OVERHEAD SQUAT ASSESSMENT			
<i>Lateral View</i>			
Checkpoint	Movement Compensation	Probable Overactive Muscles (Stretch)	Probable Underactive Muscles (Strengthen)
L-P-H-C	Excessive Forward Lean	Soleus, Gastroc, Hip Flexors, Abdominal Complex	Anterior Tibialis, Gluteus Maximus, Erector Spinae
L-P-H-C	Low Back Arches	Hip Flexors, Erector Spinae, Latissimus Dorsi	Gluteus Maximus, Hamstrings, Transverse Abs, Multifidus, Interal Obliques, Transversospinalis, Pelvic Floor
Shoulders	Arms Fall Forward	Latissimus Dorsi, Pec Major/Minor, Teres Major	Mid & Lower Trapezius

PUSH/PULL ASSESSMENT			
<i>Lateral/Posterior View</i>			
Checkpoint	Movement Compensation	Probable Overactive Muscles (Stretch)	Probable Underactive Muscles (Strengthen)
Shoulders	Shoulder Elevation	Levator Scapula, SCM, Upper Trapezius	Deep Cervical Flexors
Head	Forward Head	Upper Trapezius, SCM, Levator Scapula	Mid/Lower Trapezius

Excerpt from the National Academy of Sports Medicine® Overhead Squat Solutions Table

The Personal Training Workout Session

The Personal Training Session at the Yale Fitness Center is a 50-minute hour, controlled and supervised by the Trainer. Every session is customized for the individual person, however, the generalized training session will follow the most recent, clinically researched and proven effective training format in the industry.

This is where all of the questionnaires and informational data gathered beforehand will come into use, referred to as program design. In order to achieve proper program design, the Personal Trainer recognizes the complex process in the manipulation of the seven program variables generally accepted as the norm in the Fitness Industry. Specifically the National Strength and Conditioning Association also endorse these. They are:

1. Needs Analysis
2. Exercise Selection
3. Training Frequency
4. Exercise Order
5. Training Loads and Repetitions
6. Volume
7. Rest periods.

Based on these principles the Yale Personal Training session is structured accordingly:

- Connect with patron: Personal Trainer and Patron will talk; review, set or reorient programmatic and personal goals.
- Warm up: contingent upon Personal Trainer and Patron mutual agreement.
- Dynamic Stretching.
- Training Session: whether cardio/free weight/ or combination; attention to safety, form and education is adhered to in supervision of patron.
- Cool Down – consisting of Static Stretching
- Close, have objectives been achieved to mutual satisfaction? Confirm next scheduled appointment.

Physician's Release Form

DEAR DOCTOR: _____

YOUR PATIENT: _____

Will start a Yale Personal Training Program, preceded by a Fitness Evaluation and Assessment. The program is designed to evaluate the individual's fitness status prior to embarking on an exercise program.

In the interest of your patient and for our information, please complete the following:

A. Has this patient undergone a physical examination within the last year to assess functional capacity to perform exercise? Yes ___
No ___

B. I consider this patient (please check one):

___ Class I: presumably healthy without apparent heart disease eligible to participate in an unsupervised program.

___ Class II: presumably healthy with one or more risk factors for heart disease eligible to participate in a supervised program.

___ Class III: patient not eligible for this program and a medically supervised program is recommended.

C. Does this patient have any preexisting medical/orthopedic condition(s) requiring continued or long-term medical treatment or follow-up? Yes ___ No ___

Please explain:

D. Are you aware of any medical condition(s) that this patient may have or may have had that could be worsened by exercise?
Yes ___ No ___

E. Please list any currently prescribed medication(s) that should be taken into consideration prior to Assessment and engaging in a Yale Personal Training Program:

F. Please provide specific recommendations and/or list any restrictions concerning this patient's present health status as it relates to active participation in a fitness program.

Comments: _____

Referring physician's signature: _____

Date: _____ Client's name: _____

Telephone (H) _____ Phone (W) _____

Address: _____

Please return to patient when completed

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.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>another reason</u> why you should not do physical activity?

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 which 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.

NO to all questions

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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

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.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

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 answered to my full satisfaction."

NAME _____

SIGNATURE _____

SIGNATURE OF PARENT _____

or GUARDIAN (for participants under the age of majority)

DATE _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



PAR-Q & YOU

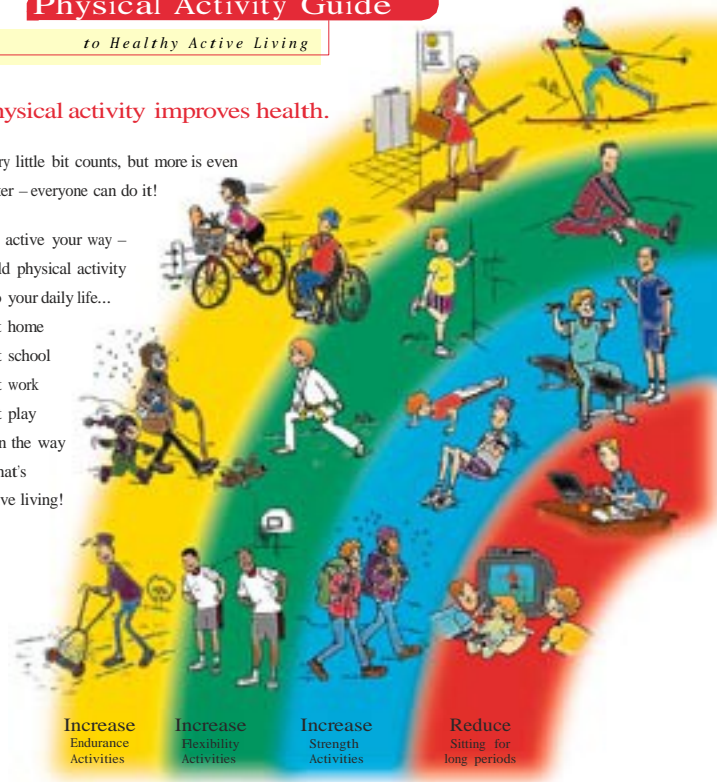
CANADA'S 
Physical Activity Guide
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



Increase Endurance Activities
Increase Flexibility Activities
Increase Strength Activities
Reduce Sitting for long periods

Choose a variety of activities from these three groups:

- Endurance**
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.
- Flexibility**
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.
- Strength**
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity

you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort

Very Light Effort	Light Effort 60 minutes	Moderate Effort 30-60 minutes	Vigorous Effort 20-30 minutes	Maximum Effort
<ul style="list-style-type: none"> • Strolling • Dusting 	<ul style="list-style-type: none"> • Light walking • Volleyball • Easy gardening • Stretching 	<ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics 	<ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing 	<ul style="list-style-type: none"> • Sprinting • Racing

Range needed to stay healthy

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life 	<ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer



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Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The Physical Activity Readiness Medical Examination (PARmed-X) – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy) – to be used by doctors with pregnant patients who wish to become more active.

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), *Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health*. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
 202-185 Somerset Street West
 Ottawa, ON K2P 0J2
 Tel. 1-877-651-3755 • FAX (613) 234-3565
 Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



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