

## Appendix K

### Physical Activity Readiness Questionnaire (PAR-Q)

*A modified PAR-Q list of questions is shown below. It is recommended that athletes and/or parents of the athletes (if athlete is under 18 years of age) complete the PAR-Q prior to participation in gymnastics. If any of the following questions are answered with a "YES," the athlete should be referred to a physician for further evaluation prior to participation.*

Participant's Name: \_\_\_\_\_

1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?  Yes  No
2. Do you have chest pain brought on by physical activity?  Yes  No
3. Do you tend to lose consciousness or fall over as a result of dizziness?  Yes  No
4. Has a doctor ever recommended medication for your blood pressure, heart condition, or other disorder that could influence your ability to perform gymnastics?  Yes  No
5. Do you have a bone or joint problem that could be aggravated by gymnastics?  Yes  No
6. Have you developed chest pain within the past month?  Yes  No
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

#### Additional Questions

8. Have you ever had a neck injury, head injury, or concussion?  Yes  No
9. Are you currently or recently recovering from a significant illness (e.g., flu, mononucleosis, pneumonia, etc.)?  Yes  No
10. Do you have a convulsive disorder?  Yes  No
11. Do you have uncontrolled asthma?  Yes  No
12. Do you have an infectious skin disorder?  Yes  No
13. Do you have a history of a liver disorder, spleen disorder, kidney disorder, or detached retina?  Yes  No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete (18 or older) Signature

\_\_\_\_\_  
Date