

**Bungee Physical Activity Readiness Questionnaire (BPAR-Q)**

BPAR-Q is designed to help you help yourself. Many health benefits are associated with bungee fitness, and the completion of BPAR-Q is a sensible first step to take if you are planning to incorporate bungee training into your life.

For most people, the bungee fitness activity should not pose any problems or hazard. BPAR-Q has been designed to identify the small number of adults for whom this physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read carefully and check **YES** or **NO** to the question. If yes, please explain.

**YES**    **NO**

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|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said you have heart trouble?<br>Yes, _____   |
| _____ | _____ | 2. Do you ever have pains in your heart and chest?<br>Yes, _____   |
| _____ | _____ | 3. Do you often feel faint or have spells of severe dizziness?<br>Yes, _____   |
| _____ | _____ | 4. Has a doctor ever said your blood pressure was too high or too low?<br>Yes, _____   |
| _____ | _____ | 5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?<br>Yes, _____ |
| _____ | _____ | 6. Do you bruise easily? If so, explain and indicate whether it is due to blood thinner meds.<br>Yes, _____  |
| _____ | _____ | 7. Have you had any surgeries in the past 2 years? → If so, what type and when?<br>Yes, _____  |
| _____ | _____ | 8. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?<br>Yes, _____   |
| _____ | _____ | 9. Are you over age 60 <b>and</b> not accustomed to vigorous exercise?<br>Yes, _____   |
| _____ | _____ | 10. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?<br>Yes, _____  |
| _____ | _____ | 11. Are you currently taking any medications? If YES, please specify.<br>Yes, _____  |
| _____ | _____ | 12. Do you currently have a disability or a communicable disease? If YES, please specify,<br>Yes, _____  |

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at My Health Studio.

Print Name	Signature	____/____/____ Date
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Phone Number	Email Address
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**Please Note:** If you contract a communicable disease, it is your responsibility to inform the staff of the My Health Studio of this condition and your membership may be suspended until this condition is cured or in a state of remission.