medbase SPORTS MEDICAL CENTER

swiss olympic APPROVED

Performance test questionnaire (PAR-Q)

Name: _____ **Date of birth:** _____

Body height: _____ **Body weight:** _____

During the performance test, you may be pushed to your personal performance limit. This questionnaire is used to assess whether you can complete a performance test without prior medical examination.

Please answer the questions below to the best of your knowledge and with a little “common sense.” So that we can take the results into account for your appointment, please send us the completed questionnaire at least 3 days before your performance test.

1.	Has a doctor ever told you that you have “something wrong with your heart” and recommended that you only exercise and play sports under medical supervision?	☐ Yes	☐ No
2.	Did you experience chest pain at rest or during physical exertion in the last month?	☐ Yes	☐ No
3.	Do you have trouble breathing when resting or during physical exertion?	☐ Yes	☐ No
4.	Have you ever fallen due to dizziness, or have you ever lost consciousness during physical exertion?	☐ Yes	☐ No
5.	Do you have any bone or joint problems that could worsen with physical exertion?	☐ Yes	☐ No
6.	Has a doctor ever prescribed medication for high blood pressure, heart problems, or breathing difficulties?	☐ Yes	☐ No
7.	Do you have any other illnesses (cardiovascular, metabolic, blood, lung)? If so, which ones: _____	☐ Yes	☐ No
8.	Do you take medication regularly? If so, which ones: _____	☐ Yes	☐ No
9.	Do you know of any other reasons why you shouldn't be physically/athletically active? If so, what are they? _____	☐ Yes	☐ No

If you answered YES to one or more questions, we reserve the right to contact you and/or, if necessary, only carry out the performance test after a medical examination!

I hereby confirm that I have read the questionnaire, understood everything, and answered truthfully.

Place and date: _____ **Signature:** _____

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Sport discipline (Main sport at the top)		Since (Year)	Time per week in hours	Distance per week in km
	☐ regularly ☐ irregularly			
	☐ regularly ☐ irregularly			
	☐ regularly ☐ irregularly			

Current fitness level: ☐ well-trained ☐ normally trained ☐ untrained

Training phase: ☐Prepare ☐ Pre-competition ☐ Competition ☐ Rehabilitation

Personal Best: Sport: _____ Performance: _____ Date: _____

Nutrition:

Are you currently on a diet (Atkins, low-carb, "eat half" etc.)? ☐ Yes ☐ No

Which one? _____

Do you regularly take supplements (vitamin preparations, shakes, etc.)? ☐ Yes ☐ No

Which one? _____

Newsletter:

☐ I would like to receive an article on training and performance diagnostics 6 times a year at the following email address: _____

---------- **Test prerequisites are completed on the day of the test.**----------

Prior exertion (preload):

Day	Acticity	Total duration (check box)				Intensity (check box)		
		< 60‘	60-120‘	> 120‘	> 300‘	easy	medium	hard/interval
today								
yesterday								
day before								

Last meal: Time: _____ What: _____

Caffeine (last 12h): ☐No ☐ Yes, qty/What: _____

Alcohol (night before): ☐ No ☐ Yes, qty/What: _____

Illness (last 14 days): ☐ No ☐ _____

Complaints on test-day: ☐ No ☐ _____

How I feel today: 1 2 3 4 5 6 7 8 9 10 (Check the number, 1 = disastrous, 10 = excellent)

Test-motivation: 1 2 3 4 5 6 7 8 9 10 (Check the number,1 = not at all, 10 = maximal)