

## Health Promotion Board Physical Activity Readiness Questionnaire PAR-Q

### 保健促进局体力活动适应力问卷调查 PAR-Q

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with their doctor before they become more physically active. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly to yourself yes or no.

If you have honestly answered '**NO**' to all questions you can be reasonably sure that you are at low risk to participate in this HPB exercise programme or event.

If you have answered '**YES**' to any of the questions below, you are required to be evaluated by your doctor whether you can participate in this HPB exercise programme or event. Please ask your doctor to complete **PARmed-X**.

经常运动有益身心。对大多数人来说，多做运动是安全的。不过，仍有些人在开始常做运动之前应先征询医生的意见。完成本问卷是您计划增加生活中的体力活动量的第一步。

普通常识是您回答这些问题时的最佳指引。请仔细阅读以下问题，并诚实回答“是”或“否”。

如果您所有问题都回答“否”，便可合理地确定您参与此保健促进局运动计划或活动不会出现太大的风险。

如果您在以下问题中有任何一题回答“是”，您就必须接受医生的评估以确定您能否参与此保健促进局运动计划或活动。请要求您的医生填写 PARmed-X 表格。

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Please read each question carefully and answer to your best knowledge by circling on the form:

请仔细阅读每一个问题，并在表格上依您所知圈出适合的答案：

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)? 您的直系亲属中（爸爸、妈妈、姐姐、妹妹、哥哥或弟弟）是否有人在 55 岁（男性）或 65 岁（女性）之前，曾心脏病发作或死于与心脏失调病有关？	Yes 是	No 否
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) <input type="checkbox"/> Stroke <input type="checkbox"/> Lung disease (e.g. chronic obstructive pulmonary disease/COPD or asthma) <input type="checkbox"/> Diabetes 您的医生是否已告知您有患上以下任何一种疾病的风险？（请勾选所有适合的答案） <input type="checkbox"/> 心脏病或疾病（也包括任何类型的心脏手术） <input type="checkbox"/> 中风 <input type="checkbox"/> 肺病（例如慢性阻塞性肺病/COPD 或哮喘病） <input type="checkbox"/> 糖尿病	Yes 是	No 否
3) Do you feel pain or discomfort in your chest when you engage in physical activity? 您在进行体力活动时是否感到胸口疼痛或不适？	Yes 是	No 否
4) In the past 1 year, have you had chest pain when you were NOT engaging in physical activity? 在过去 1 年里，您是否曾在没有进行体力活动时也感到胸口疼痛？	Yes 是	No 否
5) Do you ever experience dizziness or even lose consciousness? 您是否曾感到晕眩或甚至失去知觉？	Yes 是	No 否
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? 您的骨骼、关节或肌肉（例如脊椎、膝盖、髋、肩膀或脚踝）是否有可能因参与运动而恶化？	Yes 是	No 否
7) Are you taking medication for high blood pressure or a heart condition? 您是否正在服用治疗高血压或心脏病的药物？	Yes 是	No 否
8) Are you currently pregnant? (Female participants to note: If you are currently pregnant, please speak with your doctor about an appropriate exercise programme. This HPB exercise programme is not designed for pregnancy.) 您目前是否怀孕？（女性参加者请注意：如果您目前已怀孕，请与您的医生商讨一个适合您的运动计划，此保健促进局运动计划的设计不适合怀孕者。）	Yes 是	No 否
9) Do you know of any reason why participating in this HPB exercise programme or any other physical activity might be harmful to your health? 是否有任何其他理由令您不应该参加由保健促进局举办的运动计划或其他体力活动？	Yes 是	No 否

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**If you have answered YES to one or more questions: Talk with your doctor in person before you proceed with this HPB exercise programme. Tell your doctor about the PAR-Q and which questions you have answered YES. Provide your doctor PARmed-X with page 1 completed.**

**如果您有一题或以上回答“是”：在开始此保健促进局运动计划之前，请先亲自与您的医生商谈。告诉医生这份 PAR-Q 问卷，以及您回答“是”的问题。请提供给医生已填妥的第 1 页 PARmed-X 表格。**

“I have read, understood and completed this questionnaire to the best of my knowledge. I accept full responsibility for the answers given and agree to indemnify HPB (its directors, employees, agents and servants) from any loss, injury or claims that may be made against HPB as a result of my participation in this exercise programme”.

“本人已阅读、明白并依我所知填妥本问卷。本人对所提供的答案承担全部责任，并同意保健促进局（其主管、职员、代理商和政府人员）无需为任何因本人参与此运动计划而造成的损失、损伤或任何可能对保健促进局提出的赔偿要求承担责任。”

Yes

No

是

否

Participant's signature:

参加者签名:

Date:

日期:

Name and signature of parent or guardian (for participants below the age of 21 years):

家长或监护人的姓名和签名（适用于未满 21 岁的参加者）:

Relationship to participant:

与参加者的关系:

Signature of witness:

见证人签名:

**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 nine questions.**

请注意：本体力活动许可的有效期最长为 12 个月（由填写之日算起）；但如果您的身体状况发生变化以至您对 9 个问题中任何一个的回答变成“是”，本许可便会失效。

The HPB PAR-Q and PARmed-X are adapted from the American College of Sports Medicine and the Canadian Society for Exercise Physiology guidelines. Adapted versions reviewed and approved by the HPB National Physical Activity Consensus Group and HPB Legal Representative. HPB-PAR-Q 和 PARmed-X 改编自美国运动医学学院和加拿大运动生理学协会的指导原则。改编版本已通过保健促进局全国体力活动共识小组以及保健促进局的法律顾问的审核与批准。