

PAR-Q FORM (Please check YES or NO to the following)

Yes No

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? ___ ___

Do you frequently have pains in your chest when you perform physical activity? ___ ___

Have you had a chest pain when you were *not* doing physical activity? ___ ___

Do you lose your balance due to dizziness or do you ever lose consciousness? ___ ___

Do you have a bone, joint or any other health issue that causes you pain or limitations that must be addressed when developing an exercise program (for example diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anaemia, epilepsy, respiratory ailments, back problems, heart murmur etc.)? ___ ___

Are you pregnant now or have given birth within the last 6 months? ___ ___

Have you had a recent surgery? ___ ___

If you have marked YES to any of the above, please elaborate below

Do you take any medications, either prescription or non-prescription, on a regular basis? ___ ___

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

Lifestyle Related Questions:

Do you smoke? YES NO If yes, how many? _____

Do you drink alcohol? YES NO How many glasses/week? _____

How many hours do you regularly sleep at night? _____

Describe your job: Sedentary Active Physically Demanding

Does your job require travel? YES NO

On a scale of 1-10, how would you rate your stress level (1=very low, 10=very high) _____

List your 3 biggest sources of stress:

1 _____ 2 _____ 3 _____

Is anyone in your family overweight? Mother Father Sibling Grandparent

Were you overweight as a child? YES NO If yes, at what age(s) _____

Fitness History:

When were you in the best shape of your life? _____

Have you been exercising consistently for the past 3 months? YES NO

When did you first start thinking about getting fit? _____

What if anything stopped you in the past? _____

On a scale of 1-10, how would you rate your present fitness level _____ (1=Lowest, 10= Highest)

Exercise Related Questions:

How often do you take part in physical exercise: 5-7 x/wk 3-4x/wk 1-2x/wk

If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest Illness/Injury Lack of Time Other _____

How long have you been consistently physically active for? _____

What activities are you presently involved in?

Cardio and/or Sports:	Frequency	Duration	Easy/Mod/Hard
_____	_____	_____	_____
_____	_____	_____	_____

Strength Training:	Frequency	Duration	Easy/Mod/Hard
_____	_____	_____	_____

What activities would you want to avoid? _____

What is your preference for session times? Morning Afternoon Evening

Realistically, how often per week would you like to train?: _____x/week

What are the best days of the week for your training sessions?

 M T W T F S S

Goals:

Please list in order of priority the fitness goals you would like to achieve in the next 3-12 months:

1. _____

2. _____

3. _____

How will you feel once you've achieved these goals?

Where do you rate health in your life? Low priority Med High priority

How committed are you to achieving your fitness goals Very Semi Not Very

What do you think the most important thing your Personal Trainer can do to help you achieve your fitness goals?

Signature

Date