Physical Activity Readiness Questionnaire (PAR-Q) and Exercise History and Goals Questionnaire

CONTACT INFORMATION

Name:		Date:
DOB:	Age:	Mobile:
Address:		Alt Phone:
City:	ST:	ZIP:

Emergency Contact:		Mobile:
Address:		Alt Phone:
City:	ST:	ZIP:

PAR-Q

Regular exercise is associated with many health benefits, yet any change in activity may increase the risk of injury. Completion of this questionnaire is the first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Question:	YES	NO
1. Has a physician ever said you have a heart condition and you should only engage in physical activity recommended by a physician?	☐	☐
2. Has a doctor diagnosed you with any heart conditions? Examples include: mitral valve prolapse, myocardial infarction, angina, dysrhythmia, atherosclerosis of the coronary artery.	☐	☐
3. Is a physician currently prescribing medications to lower your blood pressure or for a heart condition?	☐	☐
4. Has a doctor diagnosed you with any obstructive pulmonary disease? Examples include: asthma, interstitial lung disease, emphysema, bronchitis, cystic fibrosis.	☐	☐
5. Do you have insulin dependent diabetes?	☐	☐
6. Has a doctor diagnosed you with any form of metabolic disease? Examples include: diabetes mellitus (type 1 or type 2), thyroid disorder, renal or liver disease.	☐	☐
7. Has anyone in your immediate family had any heart problems prior to age 55?	☐	☐
8. Have you been diagnosed by a doctor as hypertensive (high blood pressure)?	☐	☐
9. Have you been diagnosed by a doctor as having high cholesterol?	☐	☐
10. Have you been diagnosed by a doctor as having hypoglycemia?	☐	☐
11. Have you been diagnosed by a doctor as having high triglycerides?	☐	☐
12. Are you epileptic?	☐	☐
13. Have you ever suffered a concussion or been knocked unconscious?	☐	☐
14. Do you smoke (or have you quit within the last 6 months)?	☐	☐
15. Are you pregnant?	☐	☐
16. Are you pre or postnatal?	☐	☐
17. Do you consider yourself to have a sedentary lifestyle (i.e. do you sit a large part of your day)?	☐	☐
18. Have you ever experienced chest pain?	☐	☐
a. When you engage in physical activity, do you feel pain in your chest?	☐	☐
b. When you were not engaging in physical activity, have you had chest pain in the past month?	☐	☐
19. Have you ever experienced abnormal dizziness?	☐	☐
a. Do you ever lose consciousness or lose your balance due to dizziness?	☐	☐
20. Have you ever experienced shortness of breath (with mild exertion)?	☐	☐
21. Are you on any medications right now?	☐	☐
22. Have you been diagnosed by a doctor as having osteoporosis?	☐	☐

23. Do you have arthritis or joint pain?	☐	☐
24. Do you have any back pain or a spine disorder?	☐	☐
25. Have you ever had any broken bones?	☐	☐
26. Do you have any musculoskeletal pains/injuries?	☐	☐
27. Do you have a joint or bone problem that may be made worse by a change in your physical activity?	☐	☐
28. Are you sensitive to touch or pressure in any area?	☐	☐
29. Have you ever had a hernia?	☐	☐
30. Have you ever had surgery?	☐	☐
31. Do you have difficulty sleeping?	☐	☐
32. Do you experience poor circulation in your extremities (cold hands and feet)?	☐	☐
33. Do you have any gastrointestinal disorders?	☐	☐
34. Are you 69 years of age or older?	☐	☐
35. Do you know of any other reason you should not exercise or increase your physical activity?	☐	☐
36. When was your last complete physical?	Date:	

- If you answered yes to any of the above questions, talk with your doctor BEFORE you engage in physical activity. Tell your doctor your intent to exercise and to which questions you answered yes.
- If you honestly answered no to all questions you can be reasonably certain that you can safely increase your level of physical activity gradually.
- If your health changes so that you answer yes to any of the above questions, seek guidance from a physician.

NOTES:

Participant Signature

Date

EXERCISE HISTORY

General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask your trainer for assistance.

1. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 indicating the highest). Circle the number that BEST applies.

a.	Characterize your present athletic ability.	1	2	3	4	5
b.	When you exercise, how important is competition?	1	2	3	4	5
c.	Characterize your present cardiovascular capacity.	1	2	3	4	5
d.	Characterize your present muscular capacity.	1	2	3	4	5
e.	Characterize your present flexibility capacity.	1	2	3	4	5

2. Were you a high school and/or college athlete? ☐ YES ☐ NO
   a. If yes, please specify: _____
3. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation? ☐YES ☐ NO
   a. If yes, please explain: _____
4. Do you start exercise programs but then find yourself unable to stick with them? ☐ YES ☐NO
5. How much are you willing to devote to an exercise program?
   a. _____minutes/day _____ days/week
6. What types of exercises interest you?

   Strength & Muscularity: ☐ Strength training, ☐ Group exercise, ☐ Stretching/Flexibility, ☐ Yoga

   Cardio: ☐ Walking, ☐Jogging, ☐Dance exercise, ☐Swimming, ☐ Water Aerobics
   ☐ Rowing, ☐Cycling, ☐Stationary biking, ☐Cross Trainer

   Sports: ☐ Racquetball, ☐ Tennis, ☐ Golf

   Other (Please list):_____
7. Are you currently involved in regular endurance (cardiovascular) exercise? ☐YES ☐ NO
   a. If yes, what type of exercise(s) _____
   for:_____ minutes/day _____ days/week
   b. Rate your perception of the exertion of your exercise program (circle the number):
   (1) Light (2) Fairly light (3) Somewhat hard (4) Hard
   c. How long have you been exercising regularly? _____months years
8. What other exercise, sport, or recreational activities have you participated in?
   a. In the past 6 months? _____
   b. In the past 5 years? _____
9. Can you exercise during your work day? ☐YES ☐ NO

GOAL SETTING

Goal setting is a major aspect to training. It is important that you set the right goals for yourself. Together you and your trainer will you set the goals that are appropriate for you in order to assure that you get the most out of each session. When choosing goals they should be S.M.A.R.T.

Specific-If your goal is fat loss; try to make it more specific. Try stating the amount of fat, the time frame, and the method of measurement (BMI or body fat %).

Measurable- To truly evaluate improvements, the goal should be measurable. The way you look is not tangible, reliable measurable.

Attainable- Goals should be challenging but possible. Keep in mind how long you are allowing for reaching your goal and make sure that is safe and realistic.

Relevant- Goals should be pertinent to your interest, needs, and abilities.

Time bound- Set a timeline reaching your goal. Again be realistic.

10. Please rate your exercise goals using the following scale:

Extremely Important				Somewhat Important					Not at all Important
1	2	3	4	5	6	7	8	9	10

a. Improve cardiovascular fitness _____
b. Body-fat weight loss _____
c. Reshape or tone my body _____
d. Improve performance for a specific sport _____
e. Improve moods and ability to cope with stress _____
f. Improve flexibility _____
g. Increase strength _____
h. Increase energy level _____
i. Enjoyment _____
j. Other _____
Please Specify:_____

11. Is there any specific goal(s) you'd like to work towards?

_____
_____
_____
_____

AVAILABILITY - WHEN CAN YOU TRAIN?

When are you available for training sessions? Mark the best times for training sessions with "BEST" and other acceptable times with "ALT". Leave unacceptable times blank or mark "NO".

Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5:00am							
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							