Physical Activity Readiness Questionnaire (PAR-Q)

W[redacted]

1. _____ Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?

2. _____ Do you have chest pain brought on by physical activity?

3. _____ Do you tend to lose consciousness or fall-over as a result of dizziness?

4. _____ Has a doctor ever recommended medication for your blood pressure or a heart condition?

5. _____ Do you have a bone or joint problem that could be aggravated by physical activity

6. _____ **Do you experience pain in any of the areas listed below?**
If yes, please check the box that best describes the severity of pain you feel (past or present).

	Mild	Moderate	Extreme	
Toes	☐	☐	☐	Left ☐ or Right ☐
Forefoot	☐	☐	☐	Left ☐ or Right ☐
Foot Arch	☐	☐	☐	Left ☐ or Right ☐
Heel	☐	☐	☐	Left ☐ or Right ☐
Ankle	☐	☐	☐	Left ☐ or Right ☐
Upper/lower leg	☐	☐	☐	Left ☐ or Right ☐
Knee	☐	☐	☐	Left ☐ or Right ☐
Hip	☐	☐	☐	Left ☐ or Right ☐
Upper/lower back	☐	☐	☐	Left ☐ or Right ☐
Fingers	☐	☐	☐	Left ☐ or Right ☐
Hand	☐	☐	☐	Left ☐ or Right ☐
Wrist	☐	☐	☐	Left ☐ or Right ☐
Elbow	☐	☐	☐	Left ☐ or Right ☐
Upper arm	☐	☐	☐	Left ☐ or Right ☐
Shoulder	☐	☐	☐	Left ☐ or Right ☐
Neck	☐	☐	☐	Left ☐ or Right ☐

7. _____ Are you aware, through your own experiences or doctor's advice, of any other physical reason against your exercising without medical supervision?

8. _____ Are you not accustomed to vigorous exercise?

9. _____ Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment?

10. _____ If you answer NO to question 8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?

Personal Fitness Goals

What's your goal? (Check one)

- ☐ Get Lean – Lose weight/body fat/ tone up
- ☐ Build Muscle – Gain weight or muscle
- ☐ Improve Athletic Performance – No change in weight
- ☐ Improve Athletic Performance – And gain weight or muscle
- ☐ Improve Athletic Performance – And lose weight or body fat
- ☐ Improve Health – No change in weight

How long have you been resistance training? Check what applies.

☐ Less than six months ☐ Six months to one year ☐ More than one year ☐ Never

What are your overall fitness goals?

Please Print

Designing Your Program

If you could design your own program, what would an ideal training week look like to you?
(Which days and how much time per day?)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

We can make recommendations on which exercises would be best for you.
Before we do though, please mark below the things that you have done in the past or what you may be interested in trying or incorporating into your program, or if you're just "not sure what that is."

	Have Done	Interested In	Not Sure		Have Done	Interested In	Not Sure
Pilates	☐	☐	☐	Treadmill	☐	☐	☐
Group Personal	☐	☐	☐	AMT	☐	☐	☐
Training Personal	☐	☐	☐	Elliptical	☐	☐	☐
Training Muscle Works	☐	☐	☐	Free weights	☐	☐	☐
Cycling	☐	☐	☐	Machine weights	☐	☐	☐
Zumba	☐	☐	☐	Stability balls	☐	☐	☐
TRX Straps	☐	☐	☐	BOSU balls	☐	☐	☐
Yoga	☐	☐	☐	Medicine balls	☐	☐	☐
Step	☐	☐	☐	Recumbent bike	☐	☐	☐
Intervals	☐	☐	☐	Stepper	☐	☐	☐
Aqua Classes	☐	☐	☐	Rower	☐	☐	☐
Kettle Bells	☐	☐	☐	Free Motion	☐	☐	☐

Please do not write past this point.

We'll take it from here!

Program Prescription Summary

1. Height: _____ Weight: _____ Resting Heart Rate:_____

Blood Pressure: _____/_____
(Check appropriate boxes below)

Systolic Blood Pressure

Normal	High Normal	Stage 1 Hypertension	Stage 2 Hypertension	Severe	Very Severe
<130	130-139	140-159	160-179	180-209	>209

Diastolic Blood Pressure

Normal	High Normal	Stage 1 Hypertension	Stage 2 Hypertension	Severe	Very Severe
<85	85-89	90-99	100-109	110-119	>119

2. Body Composition % (Check appropriate box below)

Women

Excellent	Good	Moderate	Overweight	Obese
<19%	19.1%-24.0%	24.1%-29.0%	29.1%-34.0%	>34.0%

Men

Excellent	Good	Moderate	Overweight	Obese
<14%	14.1%-19.0%	19.1%-24.0%	24.1%-29.0%	>29.0%

4. Notes:

_____

_____

_____

5. Next Steps: Purchased Training? Y/N

Trainer Signature: _____ Date: _____