



PHYSICAL ACTIVITY READINESS

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those individuals who should seek medical attentions prior to beginning a physical fitness program.

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Body Fat % _____ Date _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

CELL PHONE _____ OTHER PHONE _____

AGE _____ HEIGHT _____ WEIGHT _____

- | | YES | NO |
|--|------------|-----------|
| 1. Do you have high cholesterol? | _____ | _____ |
| 2. Has your doctor ever said that you have heart trouble? | _____ | _____ |
| 3. Has your doctor ever told you that you have a bone or joint problem (such as arthritis) that has been or may be exacerbated by physical activity? | _____ | _____ |
| 4. Has your doctor ever told you that your blood pressure was too high? | _____ | _____ |
| 5. Are you over 65 years of age and not accustomed to vigorous exercise? | _____ | _____ |
| 6. Is there any reason, not mentioned thus far, that would not allow you to participate in a physical fitness program? | _____ | _____ |

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INITIAL _____

The following information will be treated as privileged information:

YES

NO

- | | | |
|---|-------|-------|
| 1. Do you ever feel weak, fatigued, or sluggish? | _____ | _____ |
| 2. How many meals do you eat each day? _____ | _____ | _____ |
| 3. Do you know how many calories you eat in a day? | _____ | _____ |
| 4. Do you eat breakfast? | _____ | _____ |
| 5. Are you taking supplements?
(i.e. vitamins, amino acids, protein shakes, etc.) | _____ | _____ |
| 6. Do you crave sugary foods? | _____ | _____ |
| 7. Do you need several cups of coffee to keep you going throughout the day? | _____ | _____ |
| 8. Do you often experience digestive difficulties? | _____ | _____ |
| 9. Proper nutrition can increase the body's ability to enhance physical and mental performance by up to 80%. Do you feel that a properly structured nutrition and exercise program would benefit you? | _____ | _____ |
| 10. How long have you been exercising? _____ | _____ | _____ |
| 11. Have you reached and maintained your goals? | _____ | _____ |
| 12. Are you happy with the way you look and your health? | _____ | _____ |
| 13. On a scale of 1 to 10, how serious are you about achieving your goals? | _____ | _____ |

least 1 2 3 4 5 6 7 8 9 10 most

Please list your desired fitness goals:

Desired Body Fat: _____

Desired Weight: _____

Desired Waist Size: _____

Desired Dress or Pant Size: _____

I plan to exercise _____ times a week

I am interested in:

I would like to:

- | | | | |
|-------------------------|-------|-----------------------------|-------|
| Aerobics Classes | _____ | Increase Muscle Tone | _____ |
| Free Weight Training | _____ | Lose Body Fat | _____ |
| Cardiovascular Training | _____ | Increase Stamina | _____ |
| Circuit Training | _____ | Increase Strength/Lean Mass | _____ |
| | | Improve Overall Health | _____ |