Physical Activity Readiness Questionnaire (PAR Q)

MIND-BODY FIT

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people physical activity should not pose any problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Your Personal Details

Client Name: _____ DoB: _____

Address: _____

_____ Postcode: _____

Email: _____ Phone: _____

Emergency Contact Details

Name:

_____

Address: _____

_____ Postcode: _____

Email: _____ Phone: _____

Your Health Goals

1. What health goals would you like to achieve in the next 3 months?

2. Name 3 things you could do in order to improve your health?

What are your main reasons for starting a fitness programme?

General conditioning ☐	Muscular strength ☐	No time ☐
Weight /fat loss ☐	Aerobic fitness ☐	Appearance ☐
Stress management ☐	Flexibility ☐	Improve self-esteem ☐
Other ☐		

How would you describe your general health and fitness?

Have you ever done any structured exercise? Yes / No

If **'Yes' what did you do?**

What type of exercise do you enjoy the most?

What type of exercise do you dislike the most?

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What would you say are the main barriers preventing you from exercising?

Lack of facilities	☐	No motivation	☐	No time	☐
Injury/illness	☐	Unfit	☐	Appearance	☐
Lack of knowledge	☐	Family	☐	Work	☐

Diet and Nutrition

On a scale of 1-10 **(with 1 being poor and 10 being excellent)** how would you assess the quality of your eating habits?

Would you like any help or advice in changing the quality of your eating habits? Yes / No

Do you follow any particular diet or eating patterns?

Lifestyle

Do you drink alcohol? Yes / No

Do you smoke? Yes / No

If you answered 'Yes', would you like help or advice to change these habits? Yes / No

Medical History

Have you had a major illness or injury in the last 5 years Yes / No

If 'Yes' please give details _____

Are you receiving treatment for any diagnosed medical condition? Yes / No

If 'Yes' please give details _____

Are you taking any prescription medication? Yes / No

If 'Yes' please give details _____

Please indicate if you ever experience any of the following symptoms. Do you:

Ever get unusually short of breath with very light exertion? ☐

Ever have pain, pressure, heaviness or tightness in the chest area? ☐

Regularly have unexplained pain in the abdomen, shoulders or arm? ☐

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Please indicate if you ever experience any of the following symptoms. Do you:

Ever have severe dizzy spells or episodes of fainting?	☐
Regularly get lower leg pain during walking that is relieved by rest?	☐
Ever experience palpitations or irregular heartbeats?	☐
Are you currently pregnant or have you given birth in the last 6 months?	Yes / No

Structural Health

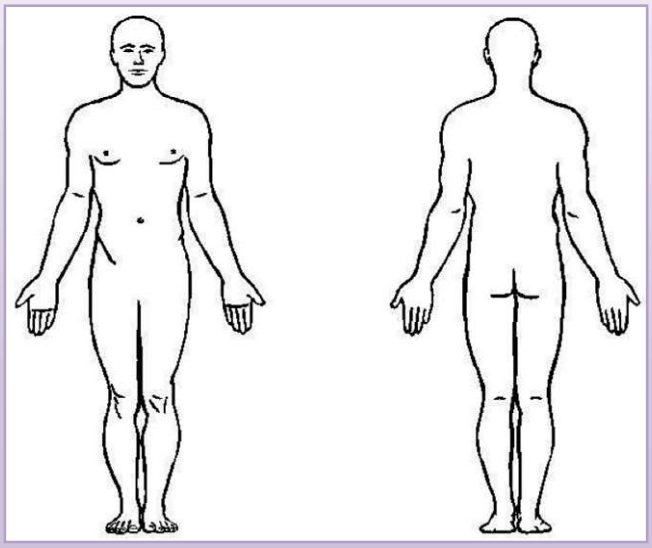
Please indicate on the figures below any aches, pains or problem areas.

Please give details of any areas indicated

Are any of these injuries aggravated by exercise? Yes / No

Are you currently receiving treatment for any structural problem? Yes / No

Please indicate any other health problems you suffer from which you have not already mentioned.



I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities that may include aerobic exercise, resistance exercise and stretching. My participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me:

Signature: Print name: Date:

Note: This PAR Q becomes invalid should your condition change. Your responsible to notify us of any changes in your condition.