

Physical Activity Readiness Questionnaire (PAR-Q)

HEALTH STATUS

PART I. Personal Information

Name

Date

Address

Primary Phone #

Email

Secondary Phone #

Personal Physician

Physician Phone #

Date of Birth

Age

Age you feel

Date of Last Physical

Emergency Contact

Phone #

Occupation

How did you find us?

PART II. Medical History

Have you had any family history of chronic disease (heart disease, diabetes, etc.)? YES / NO

IF YES please list _____

Have you ever been diagnosed or treated for any chronic disease, including asthma? YES / NO

If YES please list _____

Are you currently taking any medications? YES / NO

IF YES please list _____

Have you ever had your thyroid hormone levels checked? YES / NO

IF YES please elaborate _____

PART III. Health-Related Behavior

Do you smoke? YES / NO IF YES how much? _____

Do you drink alcohol regularly? YES / NO IF YES how much? _____

How many times on average do you eat fast food per week?

Never 1 2 3 4 5 6 7 8 9 10 or more

How many hours of sleep do you normally get per night?

1 2 3 4 5 6 7 8 9 10 or more

PART IV. Psychological

I am an impatient, time-conscious, hard-driving individual.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I have a positive attitude towards things.

Never 1 2 3 4 5 6 7 8 9 10 *Always*

My job stresses me out.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I am in the best shape of my life.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I would rate my current health.

Horrible 1 2 3 4 5 6 7 8 9 10 *Great*

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 *Extremely*

PART V. Goals

Do you have any health-related goals (i.e., lower blood pressure, etc.)? YES / NO

IF YES please list _____

Do you have any specific goals related to body composition (i.e., weight loss, build muscle, etc.)? YES / NO

IF YES please list _____

Do you wish to achieve any of these goals in a specific time frame? YES/NO

IF YES please explain _____

FITNESS STATUS

PART I. Fitness Information

What type of duties do you perform at work?

Have you had any injuries related to physical activity? YES / NO

If YES please list _____

Do you suffer from any chronic pain? YES / NO

If YES please list _____

Have you ever participated in resistance/weight training before? YES / NO

If YES, did you receive any instruction? YES / NO

Have you ever trained with a personal trainer before? YES / NO

IF YES, please explain: _____

Are you currently involved in an exercise regimen? YES / NO

IF YES, please list forms of exercise: _____

IF NO, when were you last exercising routinely? _____

How many days per week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

How many days per week do you accumulate at least 20 minutes of vigorous activity (i.e., continuous heavy lifting or sprinting)?

0 1 2 3 4 5 6 7 days per week

PART II. Psychological

When would you say you were in the best shape of your life? How did you feel?

I would rate my current physical fitness.

Horrible 1 2 3 4 5 6 7 8 9 10 Great

My physical fitness is important to me.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

I enjoy exercising.

Not very 1 2 3 4 5 6 7 8 9 10 Extremely

I can succeed in achieving my goals.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

PART III. Goals

Do you have any performance or fitness-related goals (i.e., increase 10K time, bench press)? YES / NO

IF YES please list _____

Do you wish to achieve these goals in a specific time frame? YES/NO

IF YES please explain: _____

PART IV. Training Preferences

I enjoy being pushed (challenged) to the limit.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

I am willing and able to perform the recommended exercise (i.e., cardio, stretching, etc.) on my own time.

Disagree 1 2 3 4 5 6 7 8 9 10 Agree

How many personal training sessions per week are desirable?

1 2 3 4 5 6 7 Depends on the trainer's recommendation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Early Morning	Early Morning	Early Morning	Early Morning	Early Morning	Early Morning	Early Morning
Late Morning	Late Morning	Late Morning	Late Morning	Late Morning	Late Morning	Late Morning
Early Afternoon	Early Afternoon	Early Afternoon	Early Afternoon	Early Afternoon	Early Afternoon	Early Afternoon
Late Afternoon	Late Afternoon	Late Afternoon	Late Afternoon	Late Afternoon	Late Afternoon	Late Afternoon
Early Evening	Early Evening	Early Evening	Early Evening	Early Evening	Early Evening	Early Evening
Late Evening	Late Evening	Late Evening	Late Evening	Late Evening	Late Evening	Late Evening

Please indicate which days and times you are available for personal training sessions.

Do you have any friends who may be interested in personal training? YES/NO

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

PART V. Questions

Please write 2 top fitness-related questions?

NUTRITION STATUS

PART I. Personal Information

Have you worked with a nutritionist or used a diet program (i.e., Weight Watchers) before? YES / NO

If YES what were the results? _____

Have you been on a diet before (i.e. Atkins, zone, etc.)? YES / NO

If YES what were the results _____

How long did the diet/results last _____

PART II. Nutrition Knowledge

Do you know how to differentiate between Carbohydrates, Fats, and Proteins? YES / NO

Do you understand what a Calorie represents? YES / NO

If YES please explain _____

Do you understand the concept of caloric balance? YES / NO

If YES please explain _____

PART III. Nutrition Habits

How long after you wake up before consuming your first meal on average?

Less than 1 hour 1 an hour or more 1-2 hours 3 or more hours

How many times do you eat per day on average?

1 2 3 4 5 6 7 8 9 10 or more

I eat in response to stress.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

PART IV. Fluid Choices

How many cups of water do you drink per day on average (1 cup = 1 glass)?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings of juice/drink (i.e., Snapple, orange juice) do you drink per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings of regular soda do you drink per day on average (1 serving = 1 12oz. can)?

0 1 2 3 4 5 6 7 8 9 10 or more

How many cups of caffeinated beverages (i.e., coffee, tea) do you drink per day?

0 1 2 3 4 5 6 7 8 9 10 or more

PART V. Food Choices

How many servings (1 cup or size of a fist) of vegetables do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings (1 cup or size of a fist) of protein (meat) do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many servings (1 cup or size of a fist) of carbohydrates (i.e., Potatoes, bread, pasta, cereals) do you eat per day on average?

0 1 2 3 4 5 6 7 8 9 10 or more

How many times per week, on average, do you eat candy & dessert foods?

0 1 2 3 4 5 6 7 8 9 10 or more

PART VI. Psychological

I would rate my current diet.

Horrible 1 2 3 4 5 6 7 8 9 10 *Great*

I would rate my self-discipline concerning eating.

Horrible 1 2 3 4 5 6 7 8 9 10 *Great*

I feel comfortable limiting my food intake by counting calories.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 *Extremely*

PART VII. Dietary Supplements

Do you currently take any dietary supplements? YES / NO

If YES please list _____

Have you taken dietary supplements in the past? YES / NO

If YES what were the results _____

I am willing to incorporate dietary supplements into my training program.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

PART VIII. Questions

Please write your top 2 nutrition-related questions?
