

PAR-Q FORM

Client:

Date:

Please mark YES or NO to the following questions below.



Health Related Questions

Yes No

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Do you frequently have pains in your chest when you perform physical activity?

Have you had chest pain when you were not doing physical activity?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program? (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)

Are you pregnant now or have you given birth within the last 6 months?

Have you had a recent surgery?

Do you have any chronic illness or physical limitations such as asthma, diabetes?

Do you have any injuries or orthopedic problems such as bursitis, bad knees, back, shoulder, wrist or neck issues ?

Do you take any medications, either prescription or non-prescription, on a regular basis? If Yes, what is the medication for?

How does this medication affect your ability to exercise or achieve your fitness goals?

If you have marked YES to any of the above, please elaborate below:

Lifestyle Related Questions

Do you smoke? Yes No How much?

Do you drink alcohol? Yes No

How many hours do you regularly sleep at night?

Does your job require travel? Yes No

Is your job: Sedentary Active Physically Demanding

On a scale of 1-10, how would you rate your stress level? (1=very low; 10=very high)

List your 3 biggest sources of stress:

A.

B.

C.