

PRE-CLASS SCREENING QUESTIONNAIRE 2026

For most people exercise should be beneficial, enjoyable and pose no problems. This questionnaire is to help me understand your health & fitness history & current physical status so I can structure training, health, and Wellbeing advice accordingly.

If you have any queries at any time during an exercise class or P.T. programme, please feel free to ask or message me. All information is treated with the strictest confidence. **DATA PROTECTION:** Please note that I do not actively enter any personal details into a computer file/ app/ on-line forum, nor do I share it with any fellow professionals without your prior express permission. Your ParQ and all PT diaries are hardcopy & kept safe with me and should you cease training with me are shredded after 6 months, ParQ's are refreshed annually.

Please see over for extra space to give more detailed info correlating to each question:

	Yes	No	Not sure
Q1. Have you any injuries illness or joint condition that may be aggravated by exercise?			
Q2. Have you ever had arthritis hernia diabetes epilepsy low or high blood pressure ulcer or asthma?			
Q3. Have you ever had heart condition stroke rheumatic fever high cholesterol or is there any history of these in your direct family (particularly under age 60)?			
Q4. Have you recently had surgery?			
Q5. Do you suffer from any unexplained pain in your body?			
Q6. Are you taking prescribed medication?			
Q7. Are you or have you recently been pregnant? Any short- or long-term concerns as a result of pregnancy/fertility history?			
Q8. Are there any other reasons why you suspect I may need to modify your exercise programme? <i>i.e. adverse reaction to exertion or medical advice.</i>			
Q9. Do you or have you ever smoked?			
Q10. Women, do you feel you are: A Approaching menopause () B In menopause () C Post-Menopause ()			
Q11. How would you class yourself as: A New or returning to exercise () B Intermittent Exerciser () C Regular Exerciser ()			

NAME D.O.B.

ADDRESS POST CODE

OCCUPATION PHONE

EMAIL

I have completed the above to the best of my knowledge.

SIGNED DATE



PROFESSIONAL HEALTH & FITNESS ADVISOR

PRE-CLASS SCREENING QUESTIONNAIRE – ADDITIONAL INFORMATION

Please add any further corresponding details you feel I should know below – even if you think it's trivial.

If you would prefer to talk in person, please ask.

Q1

Q2

Q3

Q4

Q5

Q6

Q7

Q8

Q9

Q10

Q11

Any other comments: