

## Physical Activity Readiness Questionnaire (PAR-Q)

### Your Personal Details

Client

Name: .....DOB: .....Phone: .....

Address: .....

Email: .....

### Emergency Contact Details

Name: .....Phone: .....

Address: .....Email: .....

### Your Health Goals

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

.....  
.....

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

1: .....

2: .....

3: .....

What are your main reasons for starting a fitness & well-being programme?

Weight / fat loss / Muscular strength / Flexibility / Appearance

General Conditioning / Stress management / Aerobic fitness / No time

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?.....

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

Lack of facilities /Lack of knowledge /Unfit /No Time /Work commitments

Injury /illness /No motivation /Family /Appearance

Take a minute to classify your daily average nutritional intake.  
eg. (Meat 20%) (Vegetables 50%) (Fats 10%) (Carbohydrates - rice, potatoes etc. 20%

.....  
.....  
.....

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?.....

**Medical History**

Have you had a major illness or injury in the last 5 years ?

If 'Yes' please provide details .....

Are you receiving treatment for any diagnosed medical condition?

If 'Yes' please provide details .....

Are you taking any prescription medication?

If 'Yes' please provide details .....

**Please indicate (yes/no) if you ever experience any of the following symptoms.**

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?

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?

**Structural Health**

Please indicate on the diagram below any aches, pains or problem areas.  
Please give details of any areas indicated.....



Please state any other health problems you may suffer from-not already mentioned.....  
.....

I can confirm that I have answered all questions honestly and that the information given is correct.

Print

Name: .....Signature:.....Date.....

Note: This PAR-Q becomes invalid should your condition change.

All data and personal information obtained will be stored in adherence with the General Data Protection Regulations act 2018.