

# PAR-Q/Health Questionnaire

(A Questionnaire for People Aged 15 to 69)

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better. For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area, or, health care provider is advisable. This questionnaire is to help move you along the path to becoming more physically active.

Common sense is your best guide when you answer these questions. PLEASE READ CAREFULLY AND ANSWER HONESTLY. Check YES or NO.

	YES	NO
1. Has your doctor ever said that you have a heart condition <u>or</u> that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you had chest pain when you were <b>NOT</b> doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness <u>or</u> do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be made worse by a change in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently taking prescribed medications for a chronic medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know of <b>any other reason</b> why you should not partake in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU ANSWERED...**

## **YES** to one or more questions

➤ Talk with your doctor BEFORE becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor which questions you answered YES to.

## **NO** to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active – Begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness level so you can plan to live actively. It is also recommended to have your blood pressure evaluated. If your reading is over 140/90, talk with your doctor BEFORE you start becoming much more physically active.

**NO CHANGES PERMITTED.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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# PAR-Q/Health Questionnaire

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## Health History

1. Do you have injuries (bone or muscle disabilities) that may interfere with exercising? Yes \_\_\_ No \_\_\_

If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

2. Do you smoke? Yes \_\_\_ No \_\_\_

If yes, how much per day?

Amount per day \_\_\_\_\_

3. Do you follow or have you recently followed any specific dietary intake plan, and in general how do you feel about your nutritional habits?

\_\_\_\_\_

\_\_\_\_\_

4. List the medications you are presently taking.

\_\_\_\_\_

\_\_\_\_\_

# CONTACT INFORMATION FORM

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## Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs Height: \_\_\_ ft \_\_\_ in

Motto:     
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## Who may I contact in the event of an emergency?

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Sex: \_\_\_\_\_

## Please list availability in the table below

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many weeks do you expect to train? \_\_\_\_\_ weeks

How did you hear about personal Training? \_\_\_\_\_

\_\_\_\_\_

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# GOALS AND MOTIVATION FORM

MOTIVATION: WHAT MADE YOU DECIDE TO DO PERSONAL TRAINING?

GOALS: WHAT ARE YOUR PRIMARY GOALS? (SPECIFIC, MEASURABLE, TIMELY)

TRAINING: WHAT KIND OF TRAINING / ACTIVITIES HAVE YOU BEEN DOING RECENTLY?

HOW OFTEN DO YOU EXERCISE PER WEEK?

- HEAVY (5 – 7 PER WEEK)
- MODERATE (2 – 4 PER WEEK)
- LIGHT (0 – 1 PER WEEK)

IF YOUR PARTICIPATION IS LOWER THAN YOU WOULD LIKE IT TO BE, WHAT ARE THE REASONS?

- LACK OF INTEREST
- LACK OF TIME
- ILLNESS/INJURY
- OTHER \_\_\_\_\_

HOW CAN I HELP YOU? (SELECT ALL THAT APPLY)

- LOSE BODY FAT
- DEVELOP MUSCLE TONE
- REDUCE STRESS
- START AN EXERCISE PROGRAM
- SPORTS SPECIFIC TRAINING
- FUN
- TRAINING FOR AN EVENT
- STRENGTH BUILDING
- FLEXIBILITY
- ENDURANCE
- OTHER \_\_\_\_\_

HOW IMPORTANT IS IT THAT YOU ACHIEVE YOUR GOALS?

- NOT IMPORTANT
- SOMEWHAT IMPORTANT
- VERY IMPORTANT

WHAT COULD BE THE OBSTACLES OR POTENTIAL ACTIONS, BEHAVIORS OR ACTIVITIES THAT COULD IMPEDE YOUR PROGRESS TOWARDS ACCOMPLISHING YOUR GOALS?

WHAT DO YOU THINK IS THE MOST IMPORTANT THING YOUR TRAINER CAN DO TO HELP YOU ACHIEVE THESE GOALS?

# LIFESTYLE EVALUATION FORM

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WHERE DO YOU RATE YOUR HEALTH IN YOUR LIFE?

- GOOD
- AVERAGE
- UNHEALTHY

HOW HEALTHY DO YOU USUALLY EAT?

- GOOD
- AVERAGE
- UNHEALTHY

HOW MANY TIMES DO YOU EAT THROUGHOUT THE DAY?

\_\_\_\_\_ X A DAY

DO YOU SKIP MEALS?

- YES
- NO

DO YOU EAT BREAKFAST?

- YES
- NO

WHAT KINDS OF FOOD DO YOU REGULARLY EAT?

HOW MANY GLASSES OF WATER DO YOU CONSUME DAILY?

\_\_\_\_\_ DAILY

DO YOU FEEL HYDRATED THROUGHOUT THE DAY?

- YES
- NO

HOW MANY HOURS OF SLEEP ON AVERAGE DO YOU GET PER NIGHT?

\_\_\_\_\_ HRS

SELECT YOUR CURRENT LEVEL OF ACTIVITY:

- SEDENTARY (*INACTIVE LIFESTYLE NO EXERCISE*)
- MILD EXERCISE (*ACTIVE LIFESTYLE, WALKING 3 BLOCKS, CLIMB STAIRS*)
- OCCASIONAL INTENSE EXERCISE (*LESS THAN 4X/WEEK FOR 30 MINS*)
- REGULAR INTENSE EXERCISE (*4X/WEEK FOR 30 MINS OR MORE*)

DESCRIBE A TYPICAL DAY.

WHEN ARE YOU MOST TIRED?

- EARLY MORNING
- MORNING
- NOON
- EARLY AFTERNOON
- EVENING
- LATE

WHEN DO YOU HAVE THE MOST ENERGY?

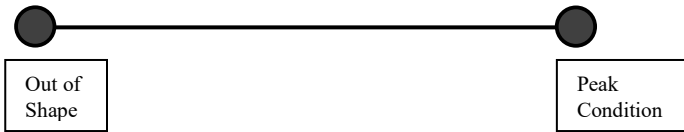
- EARLY MORNING
- MORNING
- NOON
- EARLY AFTERNOON
- EVENING
- LATE

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# TRAINING HISTORY AND PREFERENCES

HOW WOULD YOU RATE YOUR CURRENT FITNESS LEVEL?



IS THERE ANYTHING THAT LIMITS YOUR DAILY ACTIVITIES OR ABILITY TO WORKOUT?

HAVE YOU EVER WORKED WITH A CERTIFIED PERSONAL TRAINER?

- YES
- NO

HOW OFTEN WOULD YOU LIKE TO WORKOUT (NUMBER OF TIMES PER WEEK)?

\_\_\_\_ X A WEEK

HOW MUCH TIME WOULD YOU LIKE TO SPEND DURING EACH WORKOUT?

\_\_\_\_ MIN

WHERE DO YOU PREFER TO WORKOUT?

- GYM
- HOME
- OUTSIDE
- OTHER

WHAT ARE THE BEST DAYS OF THE WEEK FOR YOU TO COMMIT TO WORKING OUT?

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY
- SUNDAY

WHAT ARE THE BEST TIMES FOR YOU TO WORKOUT?

- MORNING
- AFTERNOON
- EVENING

WHAT ARE YOUR FAVORITE TYPES OF EXERCISES?

PLEASE LIST ANY FITNESS EQUIPMENT AVAILABLE TO YOU