PAR-Q PACK

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Before beginning any exercise programme, please complete this form honestly and accurately.
The information provided will help ensure your training programme is safe and appropriate for your individual needs.

CLIENT DETAILS

Full Name:

Date of Birth: Age:

Address:

Email Address:

Telephone Number:

Occupation:

EMERGENCY CONTACT

Contact Name:

Relationship:

Telephone Number:

FITNESS GOALS

Please tick all that apply:

- ☐ Fat Loss
- ☐ Muscle Gain
- ☐ Strength
- ☐ General Fitness
- ☐ Sports Performance
- ☐ Health Improvement
- ☐ Body Toning
- ☐ Other: _____

COACHING PACKAGE

Please tick the option that applies:

- ☐ Personal Training
- ☐ Online Coaching
- ☐ Nutrition Coaching
- ☐ Training Programme Only
- ☐ Complete Transformation Package

CLIENT DECLARATION

I understand that the information provided on this form will be used to assess my readiness for exercise and to help design an appropriate training programme.

Signature: Date: ___ / ___ / ___

HEALTH SCREENING QUESTIONNAIRE (PAR-Q+)

Please answer **YES** or **NO** to the following questions.

If you answer **YES** to any question, consult your doctor before starting any exercise programme.

GENERAL HEALTH	YES	NO
1. Has your doctor ever said that you have a heart condition?	☐	☐
2. Do you feel pain in your chest when you do physical activity?	☐	☐
3. In the past month, have you had chest pain when not doing physical activity?	☐	☐
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	☐	☐
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	☐	☐
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?	☐	☐
7. Do you know of any other reason why you should not do physical activity?	☐	☐

WOMEN ONLY		
8. Are you pregnant?	☐	☐
9. Have you had a baby in the last 6 months?	☐	☐

HEALTH CONDITIONS		
10. Do you have diabetes (Type 1 or Type 2)?	☐	☐
11. Do you have asthma or any other lung condition?	☐	☐
12. Do you have any kidney, liver or metabolic disease?	☐	☐
13. Do you have any neurological condition?	☐	☐
14. Do you have any other medical condition not listed above? If yes, please provide details on Page 3.	☐	☐

DOCTOR REFERRAL		
15. Has a healthcare professional advised you against exercise?	☐	☐
16. Are you waiting for medical tests or investigation results?	☐	☐

IMPORTANT

If you answered YES to one or more questions, please speak with your doctor before beginning any exercise programme.

MEDICAL & LIFESTYLE QUESTIONNAIRE

Please provide as much detail as possible to help us create the safest and most effective programme for you.

Current Medical Conditions:

Allergies (including medication):

Previous Injuries:

Exercise Experience (type, frequency, duration):

Surgeries / Operations (include dates):

Occupation:

How would you rate your current stress levels?
(Low / Moderate / High)

☐ Low ☐ Moderate ☐ High

Current Medications & Supplements:

How would you rate your sleep quality?
(Poor / Average / Good / Excellent)

☐ Poor ☐ Average ☐ Good ☐ Excellent

LIFESTYLE INFORMATION

How many days per week are you currently active?

☐ 0 ☐ 1–2 ☐ 3–4 ☐ 5–6 ☐ 7

What type of activity do you currently do?

Do you smoke or vape? ☐ Yes ☐ No

Alcohol Consumption:

☐ None ☐ Occasional ☐ Regular

How much water do you drink per day?

☐ Less than 1L ☐ 1–2L ☐ 2–3L ☐ More than 3L

Do you have any family history of the following?
(Please tick all that apply)

☐ Heart Disease ☐ Cancer
☐ High Blood Pressure ☐ High Cholesterol
☐ Diabetes ☐ Other _____
☐ Stroke

Is there anything else we should know about your health or lifestyle that may affect your training?

ADDITIONAL HEALTH INFORMATION

If you answered **YES** to any question on Page 2, or if you have any condition not listed, please provide details below.

CONDITION / ISSUE	DETAILS / DESCRIPTION	DATE DIAGNOSED	CURRENTLY UNDER CARE?	
			YES	NO
			☐	☐
			☐	☐
			☐	☐

IMPORTANT
If you have answered YES to one or more questions on Page 2, please speak with your doctor before beginning any exercise programme.

GOALS & TRAINING INFORMATION

WHAT ARE YOUR MAIN GOALS? (Please tick all that apply)

- ☐ Lose Weight / Body Fat
- ☐ Build Muscle
- ☐ Increase Strength
- ☐ Improve Fitness / Endurance
- ☐ Improve Health
- ☐ Improve Posture / Mobility
- ☐ Prepare for an Event / Competition
- ☐ Other (please specify):

TRAINING AVAILABILITY

How many days per week can you train?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Preferred training times:

☐ Morning ☐ Afternoon ☐ Evening

Do you have access to a gym? ☐ Yes ☐ No

Do you have any home equipment? ☐ Yes ☐ No

If yes, please list:

LIFESTYLE & NUTRITION

Do you follow any specific diet?

☐ Yes ☐ No

If yes, please describe:

Do you have any food allergies or intolerances?

☐ Yes ☐ No

If yes, please list:

How would you describe your current eating habits?

☐ Poor ☐ Average ☐ Good ☐ Excellent

What are your biggest lifestyle challenges right now?

How would you rate your overall motivation to reach your goals?

☐ Low ☐ Moderate ☐ High ☐ Very High

On a scale of 1–10, how confident are you that you can achieve your goals with the right support?

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

DECLARATION & CONSENT

I confirm that the information provided in this questionnaire is true and accurate to the best of my knowledge.

I understand that physical activity and exercise carry inherent risks, including the risk of injury. I voluntarily choose to participate in training and agree to accept full responsibility for my actions.

I agree to inform Muscle Power Journey® of any changes in my health or medication.

I understand that this form is valid for 12 months from the date completed.

Client Signature: SIGN Date: ____ / ____ / ____

Printed Name:

PARENT / GUARDIAN CONSENT (For clients under 18)

I give permission for the above named minor to participate in exercise and training with Muscle Power Journey®.

Parent / Guardian Name:

Signature: SIGN Date: ____ / ____ / ____

IMPORTANT
If you have answered YES to one or more questions on Page 2, please speak with your doctor before beginning any exercise programme.