



1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Y N
2. Do you feel pain in your chest when you do physical activity? Y N
3. In the past month, have you had chest pain when you were not doing physical activity? Y N
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Y N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Y N
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Y N
7. Do you know of any other reason why you should not do physical activity? Y N

### **If you answered Yes to 1 or more questions**

Talk to your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- ❖ You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- ❖ Find out which community programs are safe and helpful for you.

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

- ❖ Start becoming much 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 so that you can plan the best way for you to live actively.

### **Delay becoming much more active:**

- ❖ If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- ❖ If you are or may be pregnant – talk to your doctor before you start becoming more active.

\*Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.



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

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

### History

1. Do you have any current medical conditions that you are being treated for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are there any activities/movements you have been told by a medical/health professional to avoid? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you take any prescribed or OTC medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you take a MV or any other supplements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Goals

1. What is your aspiration? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Why is this important to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you made prior attempts to reach this aspiration? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What are you willing to do to achieve your aspiration? \_\_\_\_\_

---

---

5. What are you not willing to do? \_\_\_\_\_

---

---

6. Once you achieve your goal what are you willing to do to maintain your success? \_\_\_\_\_

---

---

7. How can I aid you in reaching your aspiration? \_\_\_\_\_

**Nutrition**

1. Describe your current diet? \_\_\_\_\_

---

2. Do you skip meals? \_\_\_\_\_. Do you eat breakfast? \_\_\_\_\_. Describe your typical breakfast? \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

---

3. Do you crave certain types of food?

---

4. What time of day do you get these cravings? \_\_\_\_\_

5. Does your mood have an effect on the foods you eat? \_\_\_\_\_

6. Are you willing to change your diet? \_\_\_\_\_

7. In what manner? \_\_\_\_\_  
\_\_\_\_\_

**Physical Activity**

1. What is your current physical activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What activities are you interested in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What activities will you absolutely not engage in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe yourself 3 months from now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_