

Physical Activity Readiness Questionnaire (PAR-Q)

1. Has your doctor ever said you have a heart condition and recommended only medically supervised physical activity?

2. Do you have chest pain brought on by physical activity?

3. Have you developed chest pain within the last month?

4. Do you tend to lose consciousness or fall over as a result of dizziness?

5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?

6. Has a doctor ever recommended medication for your blood pressure or for a heart condition?

7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?

8. What are your fitness goals?

Please Check one:

Personal Program Orientation

Personal Training

Today's Date: _____ Proposed Appointment: _____

Desired Appointment - Day of the Week: _____ am or pm

Preferred Trainer: _____ No Preference ____

Client name: _____ Age _____

Home # _____ Work # _____ Cell # _____

Best time to call? _____

Email Address: _____

----- **FOR PERSONAL TRAINER USE ONLY** -----

Personal Trainer Name (clear) who recieved this PAR Q: _____ Date Recieved: _____

Date of 1st attempt to schedule: _____ (Maximum of 2 business days since date recieved)

Mode of Communications Attempted (circle): Phone Call | Voice Mail | Text | Email

Date of 1st Appointment: _____