

# 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?

## 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? \_\_\_\_\_

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

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

