

# Studio 4Fitness

## Health and Physical Activity Readiness Questionnaire (PAR-Q)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_@\_\_\_\_\_  
Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Profession: \_\_\_\_\_ Physical \_\_\_\_ Non-Physical \_\_\_\_ Hours/Week \_\_\_\_

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice or clearance concerning the type of activity most suitable.

\*Complete the following by circling your response and/or describing your condition in the space provided.

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO  
If yes, please describe: \_\_\_\_\_
2. Do you feel pain frequently during physical activity? YES NO  
Where? \_\_\_\_\_
3. Do you have vertigo, ever lose your balance, feel faint or become dizzy? YES NO
4. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO  
Which joints? \_\_\_\_\_
5. Any operations that could affect your physical activity? YES NO  
Type/Date? \_\_\_\_\_
6. Are you a diabetic? YES NO
7. Do you have a seizure disorder? YES NO
8. Have you ever been found to be anemic (low blood count)? YES NO

9. Do you have any respiratory problems? YES NO
10. Are you pregnant? YES NO
11. Are you taking medication? YES NO  
 If yes, what is it for? \_\_\_\_\_  
 Potential side effects: \_\_\_\_\_
12. Are you allergic to any medications? YES NO  
 If yes, what are they? \_\_\_\_\_
13. Are there any other medical conditions not mentioned here that we should know about (i.e. temporary illness, irregular heartbeat, etc) that might forbid you from an activity program? YES NO  
 If yes, please describe: \_\_\_\_\_
14. Do you smoke? YES NO  
 How many cigarettes/cigars per day? \_\_\_\_\_
15. Have you ever smoked? YES NO  
 If yes, for how long? \_\_\_\_\_  
 If yes, how long ago did you quit? \_\_\_\_\_
16. Are your family and friends supportive? YES NO
17. Setting goals is one way to stick to a program; please list some short and long term goals:

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For question #21, use the following description:

-*Examples* of typical exercise activities are running, walking, aerobic dance, weight training, and sports or games. **Regular exercise** is performing any of the above types of activities three or more times per week for 20 minutes or longer each time.

18. Circle the ONE statement that best represents your present level of physical activity:

- A. I currently do not exercise.
- B. I currently do exercise some, but not regularly.
- C. I currently exercise regularly, but have only begun within the last six months.
- D. I currently exercise regularly, and have done so for longer than six months.

\*Briefly describe your current program: \_\_\_\_\_

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19. How would you rate your overall physical health?

POOR          FAIR          GOOD          EXCELLENT

Please rate yourself on a scale of 1-5 (1=strongly disagree, 5=strongly agree).

23. I get 30 minutes of *moderate* aerobic activity most days of the week. (How many days? \_\_\_\_)
- 1                      2                      3                      4                      5
24. I get 20 minutes of *vigorous* aerobic activity 3 days of the week. (How many days? \_\_\_\_)
- 1                      2                      3                      4                      5
25. I motivate myself to exercise; I do not need someone else to keep me motivated.
- 1                      2                      3                      4                      5
26. I enjoy physical exertion whether I am working around the house or exercising.
- 1                      2                      3                      4                      5
27. Stretching is a part of my exercise routine.
- 1                      2                      3                      4                      5
28. Strength training (with weights) is a part of my exercise routine.
- 1                      2                      3                      4                      5
29. I pay attention to my physical health by working to develop positive health habits.
- 1                      2                      3                      4                      5
30. I can exercise without pain.
- 1                      2                      3                      4                      5
31. Check the description below which most clearly describes your diet:
- \_\_\_\_\_ High fat, high sodium, low carbohydrate
- \_\_\_\_\_ Low fat, low sodium, high carbohydrate
- \_\_\_\_\_ Moderate fat, moderate sodium, moderate carbohydrate
- \_\_\_\_\_ Calorie restrictive
- \_\_\_\_\_ Other: \_\_\_\_\_

The **client** acknowledges that any program of fitness exercise involves a risk of injury and must be physically able to undertake a program of exercise. Also if the **client** is under a physician's care the physician must grant he/she permission to undertake physical activity. The **client** must also be aware that any exercise program that will be undertaken are at the **client's** own risk. The **trainer** or Studio 4 Fitness, Inc shall not be liable to the **client**, nor any person(s) for any claim or causes of action whatsoever arising out of or connected with the services of the **trainer** and Studio 4 fitness, Inc. Lastly, the **client** hereby releases and discharges the **trainer** and Studio 4 Fitness, Inc from any such claims or actions.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact:**

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

Phone # \_\_\_\_\_