Physical Activity Readiness Questionnaire (PAR-Q)

First Name: _____Last Name:_____

Address: _____City:_____ST:_____Zip:_____

Phone: (_____)_____Cell Phone(_____)_____ Birth Date: _____/_____/_____

EMAIL:_____ Gender: M/F Age:_____ Height:_____Weight: _____

Date: _____ Sport(s)/Position(s): _____

Health History

Please read each question carefully. Initial in the space provided indicating that you understand what is recommended. Physical activity should not be hazardous for most people. The questions are designed to identify those who should consult a physician prior to beginning a program of physical exercise.

	Yes	No
1. Has a doctor ever said you have a heart condition and recommended medically supervised physical activity?	[ ]	[ ]
2. Do you have chest pain brought on by physical activity?	[ ]	[ ]
3. Do you tend to lose consciousness, feel faint or have spells of dizziness?	[ ]	[ ]
4. Has your doctor recommended medication for blood pressure?	[ ]	[ ]
5. Have you ever had surgery?	[ ]	[ ]

Please list any surgeries (include dates):

6. Has a doctor ever told you that you have a bone or joint problem(s), such as arthritis that might be made worse with exercise?	[ ]	[ ]

Explain:

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

Explain:

If you answered YES to one or more of the questions above, please answer and initial the following questions:

Have you consulted your physician regarding increasing your physical activity and or performing a fitness assessment?

❑ Yes ❑ No **Initial** _____

If NO, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?

❑ Yes ❑ No **Initial** _____

Please Check all conditions that apply:

- ~ Heart Disease or Stroke
- ~ High Blood Pressure
- ~ High Triglycerides
- ~ Cancer
- ~ Lung/Pulmonary Disease
- ~ Kidney Disease
- ~ Osteoporosis
- ~ Ulcer
- ~ Gastrointestinal Disease
- ~ Prostate Disease
- ~ Depression
- ~ Diabetes Mellitus
- ~ Obesity
- ~ Arthritis
- ~ Anemia
- ~ Food Allergies
- ~ Neuromuscular Disease
- ~ Arteriosclerosis
- ~ Gallbladder Disease
- ~ Low-back pain in last 6 months
- ~ Psychological Problems
- ~ Anorexia
- ~ Bulimia
- ~ Compulsive Overeating
- ~ Pregnant/Lactating/ Trying to
- ~ Monitored by Physician
- ~ Recommended High-Level Care
- ~ Special Diet
- ~ Other Medical Conditions

Please list any medications you are currently taking below:

Notes:

Lifestyle Questions

Do you:

Eat 3 Meals Per Day:	**YES**	**NO**
Do you eat **5 servings** of Fruits/Veggies a Day?	**Yes**	**No**
Do you Eat Fast Food:	**Yes**	**No**
How many times per week? _____		
Drink Alcohol:	**YES**	**NO**
Eat Restaurant Food:	**YES**	**NO**
How many times per week? _____		
Drink Coffee:	**YES**	**NO**
Smoke:	**YES**	**NO**
Eat Snacks:	**YES**	**NO**
Drink Soft Drinks	**YES**	**NO**
How many per day? _____		
Watch TV:	**YES**	**NO**
How many hrs per day?_____		
Take Supplements:	**YES**	**NO**
Get 7 Hrs. of Sleep Daily:	**YES**	**NO**

Describe your Hobbies: What do you like to do for Fun?

Goal Questions

What sports and positions do you play that you want to improve with?

What is your primary sports performance goals?

Have you ever participated in a sports performance program?
❑ Yes ❑ No If so, describe:

Did you get results? ❑ Yes ❑ No Describe:

Were results permanent? ❑ Yes ❑ No
On average, how long do you stick with a program before giving up?

What was your reason for quitting the previous program?

When did you first begin to think about enrolling in a sports performance program and Why?

Have you ever had any re-occurring injuries during sport?
Explain:

What are your strengths?

What are your weaknesses?

What would you like to get out of this program? What are your specific goals?

Rate your Motivation

1 2 3 4 5 6 7 8 9 10

RELEASE AND WAIVE OF LIABILITY

MEMBERS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF EFFICIENT MOVEMENT

Member acknowledges that the personal training/fitness assessment hereunder includes participation in strenuous physical activities, including but not limited to, aerobic movement, weight training, stationary bicycling, various aerobic conditioning machines and various nutritional programs offered by EFFICIENT MOVEMENT. Member agrees to assume all risk and responsibility involved with participation in the physical activities. Member affirms that he/she is in good physical condition and does not suffer from any disability that would prevent or limit participation in physical activities. Member acknowledges that participation will be physically and mentally challenging, and member agrees that it is the responsibility of the member to seek competent medical or other professional advice, regarding any concerns involved with the ability of member to take part in EFFICIENT MOVEMENT physical activities. Member agrees to assume all risks in responsibility for not exceeding his/her physical limits.

MEMBER SIGNATURE _____ Date _____

PARENT/GUARDIAN'S SIGNATURE IF MEMBER IS UNDER AGE 18_____

For Efficient Movement Use Only

Sport: _____ Age/Level:_____

Goals:

Injury Hx:

Additional Notes: