

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems 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 concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

YES **NO**

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said you have heart trouble?
Yes, _____ |
| _____ | _____ | 2. Do you frequently have pains in your heart and chest?
Yes, _____ |
| _____ | _____ | 3. Do you often feel faint or have spells of severe dizziness?
Yes, _____ |
| _____ | _____ | 4. Has a doctor ever said your blood pressure was too high?
Yes, _____ |
| _____ | _____ | 5. Has your doctor ever told you that you have a bone or joint problem(s),
such as arthritis that has been aggravated by exercise, or might be made
worse with exercise?
Yes, _____ |
| _____ | _____ | 6. Is there a good physical reason, not mentioned here, why you should not
follow an activity program even if you wanted to?
Yes, _____ |
| _____ | _____ | 7. Are you over age 60 and not accustomed to vigorous exercise?
Yes, _____ |
| _____ | _____ | 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or
numbness?
Yes, _____ |
| _____ | _____ | 9. Are you currently taking any medications? If YES, please specify.
Yes, _____ |
| _____ | _____ | 10. Do you currently have a disability or a communicable disease? If YES,
Please specify,
Yes, _____ |

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at the Deneka Fitness Center.

Print Name

Signature

Date

Please Note: If you contract a communicable disease, it is your responsibility to inform the staff of the Clarkson University Fitness Center of this condition and your membership may be suspended until this condition is cured or in a state of remission.

Personal Training Questionnaire

Name (First then Last):

Contact Information

Phone: (Home)

(Work)

E-mail:

Current Health Conditions

High Blood Pressure: Yes No

If yes... Current reading: Date of last reading

High Cholesterol: Yes No

If yes... Current reading: Date of last reading

Diabetes: Yes No

If yes... Date of last reading

Heart Disease: Yes No

If yes... Describe:

Do you smoke? Yes No

Height: Weight: Age:

If you are under the age of 18 you must have parental consent for training.

Please list any other known medical conditions you currently have or have been treated for in the past five years.

Please list any current or past injuries.

Please write a brief summary of your previous or current exercise history.

Nutritional Habits

How many ounces of water do you drink a day?

How many times a week do you eat out?

What would you like to learn more about in the field of nutrition?

Please describe your goals and if there is a target date you wish to accomplish them by. How do you think personal training can help you achieve your goals?

Privacy Statement

We respect your privacy. We do not sell or give away any information regarding our clients to other parties. All information given to us is kept in strict confidence and will not be used in any way in which you have not consented.

