

# PAR-Q FORM

Please mark YES or No to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? \_\_\_\_\_

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness? \_\_\_\_\_

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? \_\_\_\_\_

Are you pregnant now or have you given birth within the last 6 months? \_\_\_\_\_

Have you had a recent surgery? \_\_\_\_\_

If you have marked YES to any of the above, please elaborate below:

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Do you have any chronic illness or physical limitations such as Asthma, diabetes? Yes/No

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Do you have any injuries or orthopedic problems such as bursitis, bad knees, back, shoulder, wrist or neck issues? YES/ NO Please specify \_\_\_\_\_

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No  
What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

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## Lifestyle Related Questions:

1) Do you smoke? YES NO If yes, how many? \_\_\_\_\_

2) Do you drink alcohol? YES NO If yes, how many glasses per week? \_\_\_\_\_

3) How many hours do you regularly sleep at night? \_\_\_\_\_

4) Describe your job:  Sedentary  Active  Physically Demanding

5) Does your job require travel? YES NO

6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? \_\_\_\_\_

7) List your 3 biggest sources of stress:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

8) Is anyone in your family overweight?  Mother  Father  Sibling  Grandparent

9) Were you overweight as a child? YES NO If yes, at what age(s)? \_\_\_\_\_