

Physical Activity Readiness Questionnaire PAR-Q

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.

Common sense is the best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

1. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?	
2. Do you have high blood pressure?	
3. Do you have low blood pressure?	
4. Do you have Diabetes Mellitus or any other metabolic disease?	
5. Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?	
6. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	
7. Have you ever felt pain in your chest when you do physical exercise?	
8. Is your doctor currently prescribing you drugs or medication?	
9. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?	
10. Is there any history of Coronary Heart Disease in your family?	

11. Do you often feel faint, have spells of severe dizziness or have lost consciousness?	
12. Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)?	
13. Do you currently smoke?	
14. Do you currently exercise less than 3 times a week?	
15. Are you, or is there any possibility that you might be pregnant?	
16. Do you know of any other reason why you should not participate in a program of physical activity?	

If you have answered yes to one or more questions:

If you have not recently done so, consult with your doctor before increasing your physical activity. Tell your doctor what questions you answered yes to on your PAR-Q. After medical evaluation, seek advise from your doctor as your suitability for:

- Unrestricted physical activity starting off easily and progressing gradually and
- Restricted activity to meet your specific needs, at least on an initial basis.

If you have answered no to all PAR-Q questions:

Please proceed to page 3

Assumption of Risk

I hereby state that I have read, understood and answered honestly to the questions above. I also state that I wish to participate in activities that may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Further more, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me and assume all risk for my health and well being and hold harmless the instructor, facility or any persons involved with this program and testing procedures.

Cancellation Policy

All Cancellations must be received at least 24 hours before your training session in order to avoid being charged for your session. Clients who do not cancel with 24 hours' notice will be charged for the cancelled session.

The staff at Metabolic Circuit understands that emergencies do happen. We provide every client with one free short-notice cancellation. You will not be charged for your first cancellation with less than 12 hr notice. Subsequent short-notice cancellations will be charged for the session. The free short-notice cancellation only applies if notified prior to the session start time. No shows are not eligible for the free cancellation.

Client's Name:	Trainer's Name:
Client's Signature:	Trainer's Signature:
Date:	Date:
Contact number:	Contact Number:
Email:	Email

Additional note: I have taken medical advice and my doctor has agreed that I should exercise:
 Signature:..... Date:.....

Personalising Exercise Goals and Intent

What is your main goal for exercising:

Weight loss Shaping and toning Building muscle Building strength Over all Health

Lowering BP or cholesterol

Other:

How fit would you say you are at the moment:

Very Fit Quite Fit Fit Not Fit Not at all Fit

Are you participating in any other physical activity at the moment:

Do you have any previous injury or ache that might affect your exercise:

Please let me know any preferences or intent that can help me personalise your exercise session:

Please explain or circle the option/options that suits you the best:

Target areas

