Physical Activity Readiness Questionnaire (PAR Q)

Any information shared with Jane Lewis Fitness will not be shared with any other 3rd Party and stored securely. With your permission there may come a time when it is necessary to share your information with another health professional.

Your Personal Details

Clients: Name: ……DoB……

Address: ……

……Postcode: ……

Email: ……Phone: ……

Emergency Contact Details

Name: ……

Address: ……

……Postcode: ……

Email: ……Phone: ……

Your Health Goals

1. What health goals would you like to achieve in the next 3 months?

……

2. Name 3 things you could do in order to improve your health?

……

What are your reasons for starting this programme?

General conditioning	☐	Muscular Strength	☐	Improve self esteem	☐
Weight/fat loss	☐	Aerobic fitness	☐	Appearance	☐
Stress management	☐	Flexibility	☐	Other	☐

How would you describe your health and fitness?

……

Have you ever done any structured exercise? Yes / No

If “Yes” what did you do? ……

What type of exercise do you enjoy most?……

What type of exercise do you dislike most? ……

What would you say are the main barriers preventing you from exercising?

Lack of facilities	☐	No Motivation	☐	No Time	☐
Injury/illness	☐	Unfit	☐	Appearance	☐
Lack of knowledge	☐	Family	☐	Work	☐

Diet and Nutrition

On a scale of 1-10 (with 1 being poor and 10 being excellent) how would you assess the quality of your eating habits? ……..

Would you like any help or advice in changing the quality of your eating habits? Yes / No

Do you follow any particular diet or eating patterns? ……

Lifestyle

Do you drink alcohol? Yes / No

Do you smoke? Yes /No

If you answered “yes” would you like help of advice to change these habits? Yes/No

Medical History

Have you had a major illness or injury in the last 5 years? Yes / No

If “yes” please give details ……

……

Are you receiving treatment for any diagnosed medical condition? Yes / No

If “yes” please give details……

Are you taking any prescribed medication? Yes / No

If “yes please give details……

……

Please indicate if you ever experience any of the following symptoms. Do You:

Ever get unusually short of breath with light exertion? Yes / No

www.janelewisfitness.com
Contact: 07870771262
Email: janelewisfitness@gmail.com

Ever have pain, pressure heaviness or tightness in the chest area? Yes / No

Regularly have unexplained pain in the abdomen, shoulders or arm? Yes / No

Ever have severe dizzy spells or episodes of fainting? Yes / No

Regularly get lower leg pain during walking that is relieved by rest? Yes / No

Ever experience palpitations or irregular heartbeats? Yes / No

Are you currently pregnant or have you given birth in the last 6 months? Yes / No

Are there any other health problems you suffer from which you have not already mentioned? Yes/No

If you have answered yes to any of the above please give details.

I can confirm that I have answered all questions honestly and that the information given is correct.

Signature---------- Print Name---------- Date ……

Note: This PAR Q becomes invalid should your condition change.

www.janelewisfitness.com
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