

BODY TRAINERS

The Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Date: _____

Address: _____

Occupation: _____ Date of birth: _____ Sex (m/f): _____

Home phone number: _____ Work: _____ Mobile: _____

Email address (please print clearly): _____

Emergency contacts: _____

Name of contact person: _____

Relationship of contact person: _____

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor before you begin.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **(circle yes or no)**
2. Do you feel chest pain in your chest when you do physical activity? (circle yes or no)
3. In the past month, have you had chest pain when you were not doing physical activity? **(circle yes or no)**
4. Do you lose your balance because of dizziness or do you ever lose consciousness? **(circle yes or no)**
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? **(circle yes or no)**
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? **(circle yes or no)**
7. Do you know of any other reason why you should not do physical activity? **(circle yes or no)**

If you answered Yes to one or more questions:

- ✓ Talk with a doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

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- ✓ You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- ✓ Find out which community programs are safe and helpful for you.

If you answered No honestly to all PAR-Q questions, you can be reasonably sure that you can:

- ✓ Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- ✓ Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

- ✓ If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or,
- ✓ If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name

Signature

Date

Signature of Parent (for minors)

Witness

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The Seven Risk Factors for Cardiovascular Disease

1. Family History	Yes	No
a. Male first degree relative who had heart attack, CABG, or sudden cardiac death prior to age 55 or female first degree relative who had same prior to age 65.		
2. Current Cigarette Smoking	Yes	No
a. Smoking cigarettes within the previous 6 months.		
3. Hypertension	Yes	No
a. SBP > 140 or DBP > 90 measured on 2 or more occasions <u>or</u>		
b. On anti-hypertensive medication		
4. Hyperlipidemia	Yes	No
a. Total cholesterol > 200 mg/dl <u>or</u>		
b. HDL cholesterol < 35 mg/dl <u>or</u>		
c. On lipid lowering medication.		
d. (HDL > 60 mg/dl negates one of the risk factors)	-1	0
5. Impaired Fasting Glucose		
a. Fasting glucose > 110 mg/dl measured on 2 or more occasions	Yes	No
6. Obesity		
a. BMI > 30 <u>or</u>	Yes	No
b. Waist Girth > 100cm (40in)		
7. Sedentary Lifestyle		
a. Failure to participate in at least 30 min of moderate physical activity on most days.	Yes	No

- Low Risk
 - Men under 45 yrs old and women under 55 yrs old who are asymptomatic and have no more than 1 risk factor.
 - Clear for moderate and vigorous activity
- Moderate Risk
 - Men > 45 yrs old and women > 55 yrs old or have two or more risk factors.
 - OK for moderate activity;
 - Need clearance for vigorous activity or above 60% VO₂/HRR.
 - Heart rate monitor recommended.
- High Risk
 - Persons with one or more signs or symptoms (ankle edema, orthopnea, SOB, angina, etc.) or known cardiovascular, pulmonary (COPD, asthma, etc) or metabolic disease (DM, thyroid disorders, renal or liver disease).
 - Need clearance for even moderate activity, 40-60% VO₂/HRR; no vigorous activity.
 - Heart rate monitor necessary.

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AGREEMENT AND RELEASE OF LIABILITY

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

1. In consideration of being allowed to participate in the activities and programs of **Body Trainers, LLC & Endeavor Rehab Center** and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge **Body Trainers, LLC & Endeavor Rehab Center** and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damaged to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of **Body Trainers, LL & Endeavor Rehab Center** or the use of any equipment at **Body Trainers, LLC & Endeavor Rehab Center**.

(please initial _____)

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(please initial _____)

4. I understand that I will undergo fitness testing periodically at **Body Trainers, LLC & Endeavor Rehab Center**. I am aware that I will be encouraged to give maximum effort at times; however, I am also aware that I may terminate the test at any time if I feel fatigue or discomfort.

(please initial _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(please initial _____)

4. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

(please initial _____)

Participant's signature

Date

Print Name

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HEALTH HISTORY FORM

Name: _____ Date: _____

Address: _____

Occupation: _____ Date of birth: _____ Sex (m/f): _____

Home phone number: _____ Work: _____ Mobile: _____

Email address: _____

1. Are you taking any medications or drugs? If so, please list medication, dose and reason.

2. Does your physician know you are participating in this exercise program?

3. Describe any physical activity you do somewhat regularly.

4. Do you now or have you had in the past:

- | | | |
|-----|----|---|
| Yes | No | a. History of heart problems, chest pain or stroke |
| Yes | No | b. Increased blood pressure |
| Yes | No | c. Any chronic illness or condition |
| Yes | No | d. Difficulty with physical exercise |
| Yes | No | e. Advise from physician not to exercise |
| Yes | No | f. Recent surgery (last 12 months) |
| Yes | No | g. Pregnancy (now or within last 3 months) |
| Yes | No | h. History of breathing or lung problems |
| Yes | No | i. Muscle, joint or back disorder, or any previous injury still affecting you |
| Yes | No | j. Diabetes or thyroid condition |
| Yes | No | k. Cigarette smoking habit |
| Yes | No | l. Obesity (more than 20% over ideal body weight) |
| Yes | No | m. Increased blood cholesterol |
| Yes | No | n. History of heart problems in immediate family |
| Yes | No | o. Hernia, or any condition that may be aggravated by lifting weights |

Please explain any "yes" answers.

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EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE

1. Were you a high school and/or college athlete?

2. Do you have any negative feelings toward, or have you had any bad experience with physical activity programs?

3. Do you start exercise programs but then find yourself unable to stick with them?

4. How much time are you willing to devote to an exercise program? (minutes/day AND days/week)

5. Are you currently involved in any type of cardiovascular or strength training program? If yes, please explain.

6. What types of exercise interest you? (ie. Walking, cycling, jogging, strength training, etc.)

7. Use the following scale to rate each goal separately from 1 to 5.

1.....extremely important. 5.....not important.

_____ Improve cardiovascular fitness

_____ Body-fat weight loss

_____ Reshape or tone my body

_____ Improve performance for a specific sport

_____ Improve moods and ability to cope with stress

_____ Improve flexibility

_____ Increase strength

_____ Increase energy level

_____ Feel better

_____ Enjoyment

_____ Other

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SETTING GOALS

Setting goals is an integral part of the personal training process. Studies have shown that people who write down their goals are more likely to achieve them. Please list the goals you want to achieve in the next two years. Be specific, i.e. "lose 20 pounds" not "lose weight". "Run a 10K" not "start running".

6-week goal(s): _____

3-month goal(s): _____

6-month goal(s): _____

1-year goal(s): _____

18-month goal(s): _____

2-year goal(s): _____
