PARQ COURTESY OF BeFitByDesign.com

Physical Activity Readiness Questionnaire

Be FIT BY DesigN©

the art of personal training

Develop qualities to the level of simplicity.

Name:______________________________ Email:______________________________

Phone: (Day) ______________ (Evening) ______________ Best time to Call: ______________

Street:______________________________ City:__________ State:____ Zip:__________

HEALTH Check "Yes" or "No" if a doctor has indicated that you have or had any of the following conditions:

Birthdate:____/____/____ Sex: ☐ M ☐ F Height_____ Weight_____ Occupation:______________________.

Question	Yes	No
1. Are you over age 69 and not used to being active?	☐	☐
2. Is your physician prescribing medication for a blood pressure or heart condition?	☐	☐
3. Has a physician ever told you that you have a bone or joint problem that will worsen with exercise?	☐	☐
4. Do you know of any reason why you should not participate in physical activity?	☐	☐

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Heart Disease	☐	☐	Smoking	☐	☐	Hypoglycemia	☐	☐
Pulmonary Disease	☐	☐	Sedentary Lifestyle	☐	☐	Hyperglycemia	☐	☐
Metabolic Disease	☐	☐	Osteoporosis	☐	☐	Diabetes	☐	☐
Fam. Hist Heart Disease	☐	☐	Arthritis/ Joint pain	☐	☐	G. I. Disorder	☐	☐
Chest Pain	☐	☐	Back Pain/ Spine Disorder	☐	☐	High Triglycerides	☐	☐
Dizziness	☐	☐	Musculoskeletal Pain/Injury	☐	☐	Cancer	☐	☐
Shortness of Breath	☐	☐	Hernia	☐	☐	*Pre/Postnatal*	☐	☐
Irreg./Accel. Heart Rate	☐	☐	Surgery	☐	☐	Anemia	☐	☐
High Blood Pressure	☐	☐	Other	☐	☐	Food Allergy	☐	☐
High Cholesterol	☐	☐	Medication	☐	☐			

Please explain any "yes" answers and list any medications if applicable:______________________________

____

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GOALS Check all that apply

☐ Weight Loss	☐ Flexibility	☐ Reduce Stress	☐ Overall Health	1 Month Goals: ______________
☐ Definition	☐ Endurance	☐ Gain Energy	☐ Self-Image	3 Month Goals: ______________
☐ BodyBuilding	☐ Strength	☐ Nutrition	☐ Confidence	6 Month Goals: ______________

INTERESTS Check all that apply

☐ Weight Lifting	☐ Yoga	☐ Swimming	☐ Golf	☐ Kickboxing	☐ Other __________
☐ Martial Arts	☐ Pilates	☐ Racquet Sport	☐ Running	☐ Spinning	☐ Other __________
☐ Boxing	☐ Dance	☐ Skiing	☐ Biking	☐ Rollerblading	☐ Other __________

PERSONAL TRAINING DONNA MARCHAND, CPT 603.759.9162 • DMARCHAND@BEFITBYDESIGN.COM

Training Location	Best Training Days I Time	
☐ **Be FIT By Design Studio**	______________	________
☐ **Life Fitness Studio**	______________	________
☐ **Your Home Studio**	______________	________
☐ **On Line Training**	______________	________

Training Session Program and Package Options

☐ **Optimal Training Guide with Complimentary Consultation**

☐ **1-3 Sessions** ☐ **6 Sessions** ☐ **12 Sessions** ☐ **18 Sessions**

☐ **Buddy Sessions** ☐ **Small Group Sessions** (3-6 participants)

☐ **Help me select the best package to meet my goals.**

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

Client Signature ______________________________ Date:______________

or Parent/Guardian (for participants under the age of 16)

Personal Trainer ______________________________

Information kept confidential and review completed.

Informed use of the PAR-Q: Be FIT By Design assumes no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.