PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Do you feel pain in your chest when you do physical activity?

3. In the past month, have you had chest pain when you were not doing physical activity?

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions

Talk with your 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.

- 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 which 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.

NO to all questions

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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

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.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME ________________________________

SIGNATURE ________________________________ DATE ________________________________

SIGNATURE OF PARENT or GUARDIAN (for participants under the age of majority) ________________________________

WITNESS ________________________________

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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Tell me more about yourself.

By learning more about your lifestyle and your habits, I can take better care of you and make sure coaching is a good fit for your goals and individual needs.

Staying in touch

Please print clearly.

How do you prefer me to contact you?

☐ Email
☐ Phone
☐ Skype or other video chat
☐ Text
☐ Other (please specify): 

Emergency contact name:

Emergency contact phone number:

What do you want?

In general, what are your goals? Check all that apply.

☐ Lose weight / fat
☐ Gain weight
☐ Maintain weight
☐ Add muscle
☐ Improve physical fitness
☐ Look better
☐ Feel better
☐ Have more energy and vitality
☐ Get control of eating habits
☐ Get stronger
☐ Physique competition / modeling
☐ Improve athletic performance
Please list all of your concerns about your health, eating habits, fitness, and/or body.

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Out of all of the above concerns, which ones feel most important/urgent?
1. ..........................................................................................................................................................
2. ..........................................................................................................................................................
3. ..........................................................................................................................................................

Why?
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What do you expect?
What do you expect from me as your coach?
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What are you prepared to do to work towards your goals?
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What do you want to change?

Have you tried anything in the past to change your habits, your health, your eating, and / or your body?  
If so, what?  

Which of those things worked well for you?  (Even if you might not be doing it right now.)

Which of those things didn’t work well for you?

How, specifically, would you like your habits, your health, your eating, and / or your body to be different?

Have you already made changes to your habits, your health, your eating, and / or your body recently?  
If so, what?
If you were to consider making further changes to your habits, your health, your eating, and/or your body, what might those be?

Until now, what has blocked you or held you back from changing these things?

Right now, how would you rank your overall eating/nutrition habits?

**HORRIBLE** 1 2 3 4 5 6 7 8 9 10 AWESOME!!!

Why?

Are you regularly active in sports and/or exercise?

If so, approximately how many hours per week?

- Fewer than 5 hours
- 5-9
- 10-14
- 15-19
- 20 or more

What types of sports and/or exercise do you typically do?

Approximately how many hours a week do you do other types of physical activity? (e.g., housework, walking to work or school, home repairs, moving around at work, gardening)

- Fewer than 5 hours
- 5-9
- 10-14
- 15-19
- 20 or more
What other types of movement and / or activities do you do?

What's around you?

Who lives with you? Check all that apply.
- Spouse or partner(s)
- Roommate(s)
- Child(ren)
- Pet(s)
- Other family (e.g., parent, grandparent, sibling, etc.)

Do you have children? If yes, how many and what are their ages?
- [ ] Yes
- [ ] No

Who does most of the grocery shopping in your household? Check all that apply.
- Me
- Spouse or partner(s)
- Roommate(s)
- Child(ren)
- Other family

Who does most of the cooking in your household? Check all that apply.
- Me
- Spouse or partner(s)
- Roommate(s)
- Child(ren)
- Other family

Who decides on most of the menus / meal types in your household? Check all that apply.
- Me
- Spouse or partner(s)
- Roommate(s)
- Child(ren)
- Other family

Right now, how much do the people and things around you support health, fitness, and / or behavior change?

NOT AT ALL 1 2 3 4 5 6 7 8 9 10 COMPLETELY

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What’s your health like?

Have you have been diagnosed (currently or in the past) with any significant medical condition(s) and / or injuries?  

Right now, do you have any specific health concerns, such as illnesses, pain, and / or injuries?  

Right now, are you taking any medications, either over-the-counter or prescription?  

On a scale of 1-10, how would you rank your health right now?  

WORST 1 2 3 4 5 6 7 8 9 10 AWESOME!!!  

Why?  

How are you spending your time?  

In an average week, how many hours do you spend...  

....... In paid employment?  

....... At school or doing school work?  

....... Traveling and / or commuting?  

....... Taking care of others?  
(e.g., children, person with a disability, older person)  

....... Doing other unpaid work?  
(e.g., housework, errands)  

....... Volunteering?  

Adding up all these things, how many total hours per week do you spend doing all these activities?  

On a scale of 1-10, how do you feel about your schedule, time use, and overall busy-ness?  

MY LIFE IS PANICKED AND INSANE 1 2 3 4 5 6 7 8 9 10 MY LIFE IS PERFECTLY CALM AND RELAXED
How is your stress and recovery?

Think about all the activities you're involved in (e.g., work, school, caregiving, housework, travel). Then assess as best you can:

Given all the demands of your life, what is your typical stress level on an average day?

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<th>EXTREME STRESS</th>
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On average, how many hours per night do you sleep?

- ☐ 4 or fewer hours
- ☑ 5 hours
- ☐ 6 hours
- ☐ 7 hours
- ☐ 8 hours
- ☐ 9 hours
- ☐ 10 or more hours

How do you normally cope with your stress?

How ready, willing, and able are you to change?

Right now, on a scale of 1-10:

How READY are you to change your behaviors and habits?

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How WILLING are you to change your behaviors and habits?

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How ABLE are you to change your behaviors and habits?

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Disclaimer

Please recognize that it is your responsibility to work directly with your health care provider before, during, and after seeking nutrition and/or fitness consultation.

Any information provided is not to be followed without prior approval of your doctor. If you choose to use this information without such approval, you agree to accept full responsibility for your decision.

Client signature: ..........................................................