

# SPACE

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

### ABOUT YOU

NAME:

EMAIL:

NUMBER:

DATE OF BIRTH:

ADDRESS:

### EMERGENCY CONTACT DETAILS

NAME:

EMAIL:

NUMBER:

DATE OF BIRTH:

ADDRESS:

### YOUR HEALTH GOALS

WHAT HEALTH GOALS  
WOULD YOU LIKE TO  
ACHIEVE IN THE NEXT 3  
MONTHS?

WHAT DO YOU BELIEVE  
YOU COULD YOU DO TO  
IMPROVE YOUR HEALTH?

WHAT ARE YOUR MAIN  
REASONS FOR STARTING  
A FITNESS PROGRAMME?

GENERAL CONDITIONING

STRESS MANAGEMENT

AEROBIC FITNESS

WEIGHT/FAT LOSS

MUSCULAR STRENGTH

FLEXIBILITY

OTHER

APPEARANCE

IMPROVE SELF ESTEEM

## YOUR HEALTH GOALS

HOW WOULD YOU DESCRIBE YOUR GENERAL HEALTH AND FITNESS?

HAVE YOU HAD PERSONAL TRAINING IN THE PAST?

YES

NO

IF YES WHAT TYPE OF TRAINING DID YOU ENJOY THE MOST?

IF YES WHAT TYPE OF TRAINING DID YOU DISLIKE THE MOST?

WHAT WOULD YOU SAY ARE THE MAIN BARRIERS PREVENTING YOU FROM EXERCISING?

LACK OF FACILITIES

TIME

LACK OF KNOWLEDGE

LACK OF MOTIVATION

UNFIT

FAMILY

LACK OF KNOWLEDGE

APPEARANCE

WORK

## YOUR 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...

PLEASE INDICATE IF YOU HAVE EVER EXPERIENCED THE FOLLOWING...

EVER GET UNUSUALLY SHORT OF BREATHE WITH VERY LIGHT EXERTION?

EVER HAVE PAIN, PRESSURE, HEAVINESS OR TIGHTNESS IN THE CHEST AREA?

REGULARLY HAVE UNEXPLAINED PAIN IN THE ABDOMEN, SHOULDERS OR ARM?

## PAR-Q AGREEMENT

PRINT CLIENT NAME: .....

PRINT TRAINER NAME: .....

CLIENT SIGNATURE: .....

TRAINER SIGNATURE: .....

DATE: .....

DATE: .....