

**ATHLETIC BASED TRAINING
(PAR-Q)
Health and Physical Activity Readiness Questionnaire**

Name: _____ DOB: ___/___/___
Address _____
City: _____ State: _____ Zip: _____
E-mail Address: _____@_____
Home: () _____ - _____ Cell: () _____ - _____
Profession: _____ Physical/Non-Physical _____ Hours/Week _____
Emergency Contact:
Name _____ Relationship: _____
Phone # _____

For most people physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice or clearance concerning the type of activity most suitable. By signing this form you understand that Athletic Based Training, Inc.(ABT, Inc.) may have need to communicate with your physician from time to time, as it pertains to your training program, and give consent for ABT, Inc. to do so if needed. **initial**

*Complete the following by circling your response and/or describing your condition in the space provided.

1. When was your last physical? _____
2. Has your doctor told you that you were able to participate in a rigorous exercise program?
YES NO
3. Do you have vertigo, ever lose your balance, feel faint or become dizzy?
YES NO
4. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
YES NO Which joints? _____
5. Any operations that could affect your physical activity?
YES NO Type/Date? _____
6. Are you a diabetic?
YES NO
7. Do you have a seizure disorder?
YES NO
8. Have you ever been found to be anemic (low blood count)?
YES NO
9. Do you have any respiratory problems?
YES NO

10. Are you pregnant?

YES NO

11. Are you taking medication?

YES NO if yes, what is it for? _____

Potential side effects: _____

12. Are you allergic to any medications?

YES NO If yes, what are they? _____

13. Are there any other medical conditions not mentioned here that we should know about (i.e. temporary illness, irregular heartbeat, etc) that might forbid you from an activity program?

YES NO If yes, please describe: _____

14. Do you smoke?

YES NO How many cigarettes/cigars per day? _____

15. Do you drink alcohol?

YES NO If yes, how many drinks per week _____

16. Does your family exercise?

YES NO

17. Setting goals is one way to stick to a program; please list your short and long term goals:

18. Circle the ONE statement that best represents your present level of physical activity:

A. I currently do not exercise.

B. I currently do exercise some, but not regularly.

C. I currently exercise regularly, but have only begun within the last six months.

D. I currently exercise regularly, and have done so for longer than six months.

*Briefly describe your current program: _____

19. How would you rate your overall physical health?

POOR

FAIR

GOOD

EXCELLENT

20. Check the description below which most clearly describes your diet:

_____ High fat, high Protein, low carbohydrate

_____ Low fat, mod protein, high carbohydrate

_____ Moderate fat, moderate protein, moderate carbohydrate

_____ Calorie restrictive

_____ Other: _____

21. Other Dietary Habits

- Y/N I eat breakfast. If yes, what _____
- Y/N I eat a big dinner
- Y/N I eat 5-6 small meals a day
- Y/N I eat fast food. If yes, how many times per week? _____
- Y/N I eat 3-5 fruits & veggies per day?
- Y/N I skip meals regularly
- Y/N I eat late at night
- Y/N I crave sweets

Please rate yourself on a scale of 1-5 (1=strongly disagree, 5=strongly agree).

23. I get 30 minutes of *moderate* aerobic activity most days of the week. (How many days? ____)
1 2 3 4 5
24. I get 20 minutes of *vigorous* aerobic activity 3 days of the week. (How many days? ____)
1 2 3 4 5
25. I motivate myself to exercise; I do not need someone else to keep me motivated.
1 2 3 4 5
26. I enjoy physical exertion whether I am working around the house or exercising.
1 2 3 4 5
27. Stretching is a part of my exercise routine.
1 2 3 4 5
28. Strength training (with weights) is a part of my exercise routine.
1 2 3 4 5
29. I pay attention to my physical health by working to develop positive health habits.
1 2 3 4 5
30. I can exercise without pain.
1 2 3 4 5

The **client** (you) acknowledges that any program of fitness exercise involves a risk of injury and must be physically able to undertake a program of exercise. If you are currently under a physician's care, ABT, Inc. requires that your physician grants you permission to undertake physical activity. You must also be aware that any exercise program enrolled in are at your own risk. The **Coach** or Athletic Based Training shall not be liable to the **client**, nor any person(s) for any claim or causes of action whatsoever arising out of, or connected with, the services of the **coach** and Athletic Based Training.

The client hereby releases and discharges the **coach** and Athletic Based Training from any such claims or actions.

I _____ attest that I am in good health and able to participate in physical activity and am not receiving any medical attention that would affect my full participation. If I am currently under a physician's care, I will provide a doctor's note stating my ability to train with ABT, Inc.

Client Signature: _____ **Date:** _____