

MAX RESULTS PERSONAL TRAINING

PHYSICAL ACTIVITY READINESS

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those individuals who should seek medical attention prior to beginning a physical fitness program.

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Date _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUS PHONE _____

AGE _____ HEIGHT _____ WEIGHT _____ Body Fat % _____

	YES	NO
1. Do you have high cholesterol?	_____	_____
2. Has your doctor ever said that you have heart trouble?	_____	_____
3. Has your doctor ever told you that you have a bone or joint problem (such as arthritis) that has been or may be exacerbated by physical activity?	_____	_____
4. Has your doctor ever told you that your blood pressure was too high?	_____	_____
5. Are you over 65 years of age and not accustomed to vigorous exercise?	_____	_____
6. Is there any other reason, that would not allow you to participate in a physical fitness program?	_____	_____

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	YES	NO
1. Do you ever feel weak, fatigued, or sluggish?	_____	_____
2. How many meals do you eat each day? _____		
3. Do you know how many calories you eat in a day?	_____	_____
4. Do you eat breakfast?	_____	_____
5. Are you taking supplements? (i.e. vitamins, amino acids, protein shakes, etc.)	_____	_____
6. Do you crave sugary foods?	_____	_____
7. Do you need several cups of coffee to keep you going throughout the day?	_____	_____
8. Do you often experience digestive difficulties?	_____	_____
9. Proper nutrition can increase the body's ability to enhance physical and mental performance by up to 80%. Do you feel that a properly structured nutrition and exercise program would benefit you?	_____	_____
10. How long have you been exercising? _____		
11. Have you reached and maintained your goals?	_____	_____
12. Are you happy with the way you look and your health?	_____	_____
13. On a scale of 1 to 10, how serious are you about achieving your goals?		
Least 1 2 3 4 5 6 7 8 9 10 most		

Please list your desired fitness goals:

Desired Body Fat: _____

Desired Weight: _____

Desired Waist Size: _____

Desired Dress or Pant Size: _____

I plan to exercise _____ times a week

I am interested in:

I would like to:

Aerobics Classes _____

Increase Muscle Tone _____

Free Weight Training _____

Lose Body Fat _____

Cardiovascular Training _____

Increase Stamina _____

Circuit Training _____

Increase Strength/Lean Mass _____

Improve Overall Health _____

CLIENT SIGNATURE _____ DATE _____