

MAX RESULTS BOOT CAMP

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.

Body Fat % _____ Date _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUS. PHONE _____

AGE _____ HEIGHT _____ WEIGHT _____

- | | 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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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 _____