

**1) Physical Activity Readiness Questionnaire**

Name: _____	Date: _____
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Questionnaire for people aged 15 to 69

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. 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 concerning the type of activity most suitable for them. If you are over 65 years of age and are not use to being physically active please contact your doctor. Common Sense is your best guide in answering these questions. Please read the questions carefully and answer each one honestly: check **YES** or **NO**.

Yes	No	_____
<input type="radio"/> <input type="radio"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?	
<input type="radio"/> <input type="radio"/>	2. Do you feel pain in your chest when you do physical activity?	
<input type="radio"/> <input type="radio"/>	3. In the past month, have you had chest pain when you were not doing physical activity?	
<input type="radio"/> <input type="radio"/>	4. Do you lose your balance because of dizziness, or do you ever lose consciousness?	
<input type="radio"/> <input type="radio"/>	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?	
<input type="radio"/> <input type="radio"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	
<input type="radio"/> <input type="radio"/>	7. Do you know of any other reason why you should not do physical activity?	
<b>If you have answered YES one or more questions</b>		
Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a health appraisal. Tell your doctor about the PAR-Q and to which questions you have answered YES.		
<input type="radio"/>	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 that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.	
<input type="radio"/>	Find out which community programs are safe and helpful.	
<b>If you have answered NO to all of the questions -----&gt;</b>		
If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can:		
<input type="radio"/>	Start becoming much more physically active - begin slowly and build up Gradually. This is the safest and easiest way to go.	
<input type="radio"/>	Take part in a fitness appraisal - this is 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 to your doctor before you start becoming much more physically active.	
<b>PLEASE NOTE:</b>		
If your health changes so that you then answer YES to any of the above questions, speak to your doctor before undertaking a new fitness of eating plan.		
<b>Declaration</b>		
I (the client) hereby confirm that my answers are true to the best of my knowledge		<div style="border: 1px solid black; padding: 5px; font-size: small;"> <p><b>DELAY BECOMING MUCH MORE ACTIVE:</b></p> <p><input type="radio"/> If you are not feeling well because of a temporary illness such as a cold or fever- wait until you feel better; or</p> <p><input type="radio"/> If you are or may be pregnant - talk to your doctor before you start becoming</p> </div>
Client Signed .....	Client Dated .....	

## 2)Comprehensive Client Information Sheet

### INSTRUCTIONS

This is your comprehensive client information sheet, in which we will ask you to provide some relevant personal information. Please answer all questions in the most accurate manner possible while being as concise as possible.

### DISCLAIMER

Please recognize the fact that it is your responsibility to work directly with your physician before, during and after seeking fitness consultation. If you choose to use this information without prior consent of your physician, you are agreeing to accept full responsibility for your decision.

#### Client Information Sheet

##### Part 1: BASIC INFORMATION

Name: \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Body Fat % (have this taken before submitting this sheet) \_\_\_\_\_

##### Part 2: GOALS

Given the following goals, please rank them in order of importance, with 1 **being most important** and 8 being **least important**.

Improved Health \_\_\_\_\_ Increased muscle mass \_\_\_\_\_ Fat Loss \_\_\_\_\_

Weight Gain \_\_\_\_\_

Please provide the sport or athletic event for which you are training in if any:

\_\_\_\_\_

On the following chart, fill in your approximate workout duration for each day (in minutes)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Duration							

**Please submit your current exercise regime along with this form (type it up or write it out for us).**

Complete this section if you ARE NOT currently exercising regularly

**If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)?**

YES  NO

If you have exercised on a consistent basis previously, how long ago was this and how long did it last?

\_\_\_\_\_

**Part 4: MEDICAL AND HELATH INFORMATION**

If you have any diagnosed health problems, list the condition(s)

\_\_\_\_\_

If you are on any medications, please list them:

\_\_\_\_\_

What additional therapies or interventions are being undertaken for the given health problem(s)?

\_\_\_\_\_

If you have any injuries, please list them:

\_\_\_\_\_

What additional therapies or interventions are being undertaken for the given injury(s)?

\_\_\_\_\_

**Part 5: LIFESTYLE INFORMATION**

What do you do for a living? \_\_\_\_\_

What is the activity level at your job?

None (seated work only)       Moderate (light activity such as walking)       High (heavy, labour, very active)

Does your job involve shift work?

Yes  No

If you follow a more regular schedule, do you work days, afternoons or nights?

\_\_\_\_\_

Are you a primary care giver for children, individuals with a disability, or an elder relative?

Yes  No



If you are currently using any nutritional supplements please list them (as well as the doses you are taking) below.

Please provide a three day dietary record (attached). Be sure that these records are representative of the last few months of your dietary intake. In other words, if you decided to get into shape 2 weeks ago and changed your diet dramatically, you should give us an indication of how you have been eating habitually prior to the recent change.

MISCELLANEOUS INFORMATION

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Please share most frequent health nutrition, or physique complaints and/or dissatisfaction with us.

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You have now completed our client information sheet. Please bring this, along with your current workout schedule (if applicable) and three day diet record, to your first appointment.

**INSTRUCTIONS**

Keep a pen and paper with you at all times to record your intake including food items, quantity and notes. This is imperative as snacks are typically consumed unpredictably and, as a result, it is impossible to record them accurately unless you are recording forms are nearby.

Use a small food scale if you have one, or use standard measuring devices (e.g. measuring cups, measuring spoons) to record the quantities consumed accurately as possible. If you do not eat all of the item (for instance a portion of an apparently delicious hastily prepared casserole of leftovers that turned out to be not so delicious).

Re-measure what's left and record the difference

Record combination foods separately (e.g. hot dog, bun and condiments) and include brand names of food items (list contents of homemade items) whenever possible.

For packaged items, use labels to determine quantities. Record three days that are representative of your weekends, pick two weekdays and one weekend. Likewise, if your M, W and F are different from your T and Th and all these days are different from Sat and Sun, you should pick one day to present each unique schedule/

**EXAMPLE: DIETARY RECORD: DAY 1**

<b>FOOD ITEM</b>	<b>QUANTITY</b>	<b>NOTES</b>
<b>Breakfast</b>		
2 pieces of toast	2 pc	
Margarine	1 T	
Orange Juice	6 oz	
<b>Lunch</b>		
Small pizza	400g	pepperoni, mushroom, cheese
<b>Dinner</b>		
Chicken	6OZ	
Bake potato	6 oz	
Mixed vegetables	1 c	peas, carrots, corn









THE FITNESS TRAINING  
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One of the most important things you can do to develop a new daily practice is to understand your readiness for your change. In addition, as you coach, it's useful for me to understand how willing you are to adopt some new practices, as slowly, or as quickly as it feels right for you.

Simply answer the questions below by selecting the response most appropriate to your situation. Together we'll calculate your score.

### READINESS FOR CHANGE QUESTIONNAIRE

QUESTIONS:	RESPONSES AND SCORING
1. Do you look in the mirror and feel frustrated, upset, or humiliated because of how your body looks?	<ul style="list-style-type: none"> <li>a) Yes (+3)</li> <li>b) I'm not sure (0)</li> <li>c) No (-3)</li> </ul>
2. When you feel run down and tired, what do you think is the source of these feelings?	<ul style="list-style-type: none"> <li>a) Getting older (-1)</li> <li>b) My lifestyle choices (+3)</li> <li>c) Something else altogether (-3)</li> </ul>
3. Are you taking any medications for heart disease, high blood pressure, or type II diabetes that you didn't have to take when you were younger?	<ul style="list-style-type: none"> <li>a) Yes, I'm on two or more of these medications (+3)</li> <li>b) Yes I am on only one of these medications (+1)</li> <li>c) No, I'm not on any of these medications</li> </ul>
4. If your fitness has deteriorated over the years, how do you explain the fact that you're in the worse shape now than when you were younger?	<ul style="list-style-type: none"> <li>a) I think it is my family history (-1)</li> <li>b) I think it's that I am less active (+3)</li> <li>c) I think it's natural consequence of ageing (-1)</li> <li>d) I don't know why it's happening (0)</li> </ul>
5. If you don't have anyone to exercise with regularly, are you willing to look for a physical activity partner (gym buddy)?	<ul style="list-style-type: none"> <li>a) Yes (=5)</li> <li>b) No (-5)</li> </ul>
6. Are you willing to join a gym today?	<ul style="list-style-type: none"> <li>a) Yes (-3)</li> <li>b) No (-3)</li> </ul>
7. If someone told you that you'd need to throw away all the foods in your cupboards today and go shopping for different foods that are more appropriate to your goal would you do it?	<ul style="list-style-type: none"> <li>a) Yes (+5)</li> <li>b) No (-5)</li> </ul>
8. If an expert presents some information on diet and exercise that contradicts what you currently believe, what approach will you take?	<ul style="list-style-type: none"> <li>a) Keep an open mind and give it a try (+3)</li> <li>b) Ask a friend (0)</li> <li>c) Ignore the advice (-3)</li> </ul>

**READINESS FOR CHANGE QUESTIONNAIRE CONT....**

QUESTIONS:	RESPONSES AND SCORING
9.If your work environment presents significant barriers to your exercising and eating well, would you consider speaking to your employer about changing some of these conditions or are you willing to find new employment	a) Yes (+5) b) No (-5)
10.Are you ready to spend less time with people who offer little or no social support for your goals while spending more time with those who do offer support?	a) Yes (+5) b) No (- 5)
11.Can you accept responsibility for the way your body is today and understand that, while your old habits don't make you a bad person, they still need to be changed?	a) Yes (+5) b) No (-5_
12.If a friend or loved one suggests that you don't have what it takes to get into shape because you've failed before or for some other reason, what will be your response	a) I can do it (+2) b) I know I've got to make some changes but it will take one day at a time (+5) c) Maybe I can't do it (-5)
13.Are you willing to wake up in the morning a bit earlier and stay up at night a bit later to accomplish your goals?	a) Yes (+5) b) No (-5)
14.Are you willing to slowly work up to five hours of physical activity each week?	a) Yes (+) b) No (-5)

**Your score and what it means**

**21 to 63**

It is clear you are ready, willing and able to adopt some new daily practices. Getting to this point is never easy. So congratulations. I look forward to helping you take that enthusiasm and turn it into results.

**-20 to +20**

If you scored in this range, it seems like you're on the fence. You may be frustrated with the way things are but a little too nervous about changing the way you do thing today. Those feelings are totally normal and natural. I am happy to help you move forward at the right pace for you.

**-61 to -21**

From the results of you're questionnaire, it seems like you're apprehensive about the changes process. And that's totally natural and okay. Most of my new clients experience the same thing, as this area can feel completely foreign to them. At this point, I am happy to simply provide a healthy environment for you to consider adopting some new daily practices. They can be as small as you like, we will go at your pace