



Christine Owen

STABILITY . CORE STRENGTH

Physical Activity Readiness Questionnaire

Your Wellbeing and Fitness

There are many health benefits from regular physical activity for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

Your Personal Details:

Client Name: _____ DoB: _____

Address: _____

Postcode: _____

Email: _____ Phone: _____

Emergency Contact Details:

Name: _____

Address: _____

Postcode: _____

Email: _____ Phone: _____

Your Health Goals

1. What health goals would you like to achieve in the next 3 months?

2. Name 3 things you could do in order to improve your health

What are your main reasons for starting a fitness program?

General Conditioning Muscular Strength No Time

Weight/Fat Loss Aerobic Fitness Appearance

Stress Management Flexibility Improve Self-Esteem

Other

How would you describe your general health and fitness?

Have you ever done structured exercise? Yes / No

If "Yes" what did you do? _____

What type of exercise do you enjoy the most? _____

What type of exercise do you dislike the most? _____



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What would you say are the main barriers preventing you from exercising?

- | | | | | | |
|--------------------|--------------------------|---------------|--------------------------|------------|--------------------------|
| Lack of Facilities | <input type="checkbox"/> | No Motivation | <input type="checkbox"/> | No Time | <input type="checkbox"/> |
| Injury/Illness | <input type="checkbox"/> | Unfit | <input type="checkbox"/> | Appearance | <input type="checkbox"/> |
| Lack of Knowledge | <input type="checkbox"/> | Family | <input type="checkbox"/> | Work | <input type="checkbox"/> |

Diet and Nutrition

On a scale of 1-10 (1 = poor and 10 = excellent) how what is the quality of your eating habits? _____

Would you like any help or advice in changing the quality of your eating habits? Yes / No

Do you follow any particular diet or eating patterns?

Lifestyle

Do you drink alcohol? Yes / No

Do you smoke? Yes / No

If you answered "Yes", would you like help or advice to change these habits? Yes / No

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 _____

Are you taking any prescription medication? Yes / No

If "Yes" please give details _____

Please indicate if you ever experience any of the following symptoms, Do you:

Ever get unusually short of breath with light exertion?

Ever have pain, pressure, heaviness or tightness in the chest area?

Regularly have unexplained pain in the abdomen, shoulders or arm?



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Please indicate if you ever experience any of the following symptoms. Do you:

- Ever have severe dizzy spells or episodes of fainting?
- Regularly get lower leg pain during walking that is relieved by rest?
- Ever experience palpitations or irregular heartbeats?
- Are you currently pregnant or have you given birth in the past six months? Yes / No

Please give details of any aches, pains or problem areas and indicate where they are

- Are any of these aggravated by exercise? Yes / No
- Are you currently receiving treatment for any structural problem? Yes / No

Pelvic Floor Dysfunction, Pregnancy etc.

- Are you currently pregnant? Yes / No
- Have you ever had any complications during pregnancy or childbirth? Yes / No
- Do you suffer from any leaking (for example when coughing, exercising etc.)? Yes / No
- Have you ever been diagnosed with a prolapse? Yes / No
- Have you have diastasis (separation of the abdominals)? Yes / No
- Discomfort/pain in the pelvic area? Yes / No

Note: This PAR-Q form contains your personal data and is subject to the General Data Protection Regulation (GDPR). It will only be held for as long as it is needed. It can be modified or replaced with your consent should your personal details change. When those details are no longer needed the form will be destroyed.

I confirm that I have answered all questions honestly and that the information given is correct. I also consent to my personal details being held: Dated: _____

If you have printed this form please sign here:

Signed: _____