

PT in the D Questionnaire

Name: _____ Date of Birth: _____

EXERCISE AND HEALTH HISTORY INFORMATION

Why do you want to work with a personal trainer? (circle all that apply)

Feel better- Look Better- Weigh Less- Lose Body Fat - Gain Strength- Endurance- Gain Muscle-
Better Sleep- Stress Reduction- More confidence- Health Issues- Entire Lifestyle Change-

What excites you about the possibility of working with a personal trainer?

What scares you about the idea of hiring someone to help you?

What do you do for work? What is your average stress level at work?

How frequently have you been exercising for the past 6 months?

Not active /Occasionally (*twice or less/week*)/ Often (*3-4 times/week*) Always (*5+ times/week*)

What types of activities do you currently participate in, or enjoyed in the past?

Have you exercised regularly in the past and stopped? No: _____ Yes: explain:

What factors might keep you from reaching your health and fitness goals?

What can we provide to you to help you reach your goals?

How much time are you willing to dedicate to your exercise (with or without a trainer)? Days per week: _____ minutes per day: _____

Goals: What are your two main health and fitness goals? Be as specific as possible!

1. _____
2. _____

On a scale of 1-10 (10 most committed), how committed can you be towards those goals and not neglect all your other responsibilities? _____

How often would you like to use a trainer to reach these goals? (circle one)

1x week / 2x week / 3x week / monthly

What are the best days for you to work-out with a trainer?

What are the best times for you to work-out with a trainer?

Have you had a physical exam in the last year? No: Yes:

Does your physician approve your participation in regular, rigorous physical activity? _____

Do you have any injuries or pain (previous or current) we should know about?

PRE-PARTICIPATION SCREENING QUESTIONNAIRE

Answers are confidential and only asked to create the best possible plan for you

Age _____ Sex _____ Height _____

Weight: Today _____ One year ago _____

Please rank your daily level of stress on a 1-10 scale (10 being the highest) _____

Do you smoke? Yes/No: _____

How many alcoholic drinks do you consume per week? _____

Do you consume caffeine more than 5 days per week? Yes/No: _____

How much water do you drink each day? _____

What is the first thing you eat/first meal on a typical day? What time is that at?

Rate your nutrition on a scale of 1-10 (10 being excellent) _____

How often do you eat out on a weekly basis? (dine-in + carry out) _____

Are you taking any supplements or vitamins? _____

Have you ever tracked your food intake regularly? _____

List 2-3 things you would like to improve nutritionally:

1: _____

2: _____

3: _____

Do you grocery shop at least once a week Yes/No: _____

How many hours on average do you sleep per night? _____

How long have you been at your current fitness level?

What have you tried in that time to improve your fitness level?

What obstacles or excuses have kept you in your current state?

Why is now the best time to do this (versus 3 months ago/1 year ago)?

Have you ever been prescribed physical therapy? Yes: No:
If yes, explain.

Do you have a bone or joint problem that could be made worse by change in your physical activity? Yes: No:
If yes, explain.

Are you now or have you ever been on a diet prescribed by a doctor? Yes: No:
If yes, explain:

Have you had in the past:

- ☐ Heart attack
- ☐ Heart surgery
- ☐ Cardiac catheterization
- ☐ Coronary angioplasty
- ☐ Pacemaker / implantable cardiac
- ☐ Defibrillator / rhythm disturbance
- ☐ Heart valve disease
- ☐ Heart failure
- ☐ Heart transplantation
- ☐ Congenital heart disease

Do you experience:

- ☐ Chest discomfort with exertion
- ☐ Unreasonable breathlessness
- ☐ Dizziness, fainting, or blackouts
- ☐ Heart medication

Do you have (currently or in the past year):

- ☐ Diabetes
- ☐ Asthma or other lung disease
- ☐ Chest pain
- ☐ Burning or cramping sensation in your lower legs when walking short distances
- ☐ Musculoskeletal problems that limit your

physical activity

- ☐ Concerns about the safety of exercise
- ☐ Take prescription medication(s)
- ☐ You are pregnant

Cardiovascular risk factors:

- ☐ You are a man older than 45 years
- ☐ You are a women older than 55 years, have had a hysterectomy, or are postmenopausal
- ☐ You smoke, or quit smoking within the previous 6 months
- ☐ Your blood pressure is > 140/90 mm Hg
- ☐ You do not know your blood pressure
- ☐ You take blood pressure medication
- ☐ Your blood cholesterol level is > 200 mg/dL
- ☐ You do not know your cholesterol level
- ☐ You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- ☐ You are physically inactive (< 30 minutes of physical activity on at least 3 days/week)
- ☐ You are > 20 pounds overweight

☐ I have none of the above

Signature of Participant _____ Date _____
(Signature of parent of guardian if Participant is under age 18)

PT in the D Signature _____ Date _____

The Physical Activity Readiness Questionnaire – PAR-Q

A Questionnaire for People Aged 15 to 69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly by checking YES or NO.

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had chest pain when you were not doing physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
7. Do you know of any other reason why you should not do physical activity?		

If you answered YES to one or more questions:

- Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.
- 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 which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal. This is an 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 with your doctor before you start becoming much more physically active.

Delay becoming more active:

- If you are not feeling well because of a temporary illness such as cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: 'PT in the D' Personal Training and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire consult your doctor prior to physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name

Date of Birth

Signature

Date