



**SportingFit
Pre-Activity Readiness Questionnaire (PAR-Q)**

This information will be kept confidential and only accessed by SportingFit. Once you have completed your PAR-Q please print off and bring to your first training session.

Please circle YES or NO to the following:

- Q1. Has your doctor ever said that you have a heart condition? YES/NO**
- Q2. Have you had chest pains, before, during or after performing physical activity? YES/NO**
- Q3. Have you ever felt dizzy during or after exercise? YES/NO**
- Q4. Is there a history of coronary disease in your immediate family? YES/NO**
- Q5. Do you suffer from high or low blood pressure? YES/NO**
- Q6. Do you suffer from high cholesterol? YES/NO**
- Q7. Are you pregnant or have given birth within the last 6 months? YES/NO**
- Q8. Have you had surgery recently? YES/NO**

If you have marked YES to any of the above, please elaborate below:

Q9. Do you have any chronic illness or physical limitations such as Asthma, diabetes? YES/NO Please specify _____

Q10. Do you have any existing injuries, bone/joint or orthopedic problems? YES/ NO Please specify _____

Q11. Do you currently take any medications? YES/ NO

What is the medication for? _____

Q12. Do you know of any other factor which may affect your ability to participate in physical activity? YES/NO

Please specify _____

If you answered YES to Q1-10 you should consult your doctor before commencing activity with SportingFit. Tell your doctor what questions you answered yes to on this form.

Emergency Contact:

Please provide the name and number of someone who we can call in the event of an emergency:

Name:

Number:

I confirm I have read and understood this PAR-Q and have completed it to the best of my knowledge:

Name:

Signature:

Date:

Email Address:

Optional lifestyle and sports conditioning related questions:

Q1. Do you smoke? YES/NO If yes, how many daily? _____

Q2. Do you drink alcohol? YES/NO If yes, how many units per week? _____

Q3. How many hours do you regularly sleep at night? _____

Q4. Describe your job (circle most relevant to you):

Sedentary / Active / Physically Demanding

Q5. On a scale of 1-10, how would you rate your stress level

(1=very low, 10=very high)? _____

Q6. Do you suffer/have suffered from eating disorders? YES/NO

Q7. Please describe your current weekly activity and exercise levels, and give examples (eg 2 x jogs per week, spin classes etc)

Q8. How many hours each week do you currently exercise? _____

Q9. What sports do you currently participate and at what level?

Please specify _____

Q10. Do you take part in any team or group training sessions? YES/NO

Please specify _____

Q11. What are your personal fitness or sporting ambitions?

Short Term _____

Long Term _____

Q12. Would you be interested in one of our other conditioning packages?

Q13. Do you have an event or competition that you are currently in training for or is there an event you would be interested in taking part in?

Please specify _____

Q14. What is your current level of fitness

Low / Moderate / Good / High / Very High / Outstanding (Please Circle)

Q15. Is there any other relevant information you wish to mention?

Thank you for taking the time to completing this form.

Name:

Age:

Contact Number (optional):

Email (optional):