



**FORTITUDE**  
health + training  
GET FIT AT THE FORT

**PAR-Q FORM** Please Circle YES or No to the following:

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? **YES NO**

Do you frequently have pains in your chest when you perform physical activity? Have you had chest pain when you were not doing physical activity? Do you lose your balance due to dizziness or do you ever lose consciousness? **YES NO**

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? **YES NO**

Are you pregnant now or have given birth within the last 6 months? Have you had a recent surgery?  
**YES NO**

Do you take any medications, either prescription or non-prescription, on a regular basis?  
**YES NO**

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

---

---

Please check which of the following conditions you have had or now have and list any medication you are currently taking for that condition. Also check medical conditions in your family (father, mother, brother(s), or sister(s)). Check all that apply.

**Medical Condition**

Coronary heart disease\_\_\_ Heart attack \_\_\_ Angina\_\_\_ High blood pressure \_\_\_mm Hg High cholesterol \_\_\_ mg/dl Peripheral vascular disease\_\_\_ Phlebitis or emboli\_\_\_  
Epilepsy\_\_\_ Stroke\_\_\_ Emphysema\_\_\_ Pneumonia\_\_\_ Asthma\_\_\_ Bronchitis\_\_\_  
Diabetes\_\_\_ (specify type: \_\_\_) Thyroid conditions\_\_\_  
Osteoporosis\_\_\_ Arthritis\_\_\_ Anemia (low iron)\_\_\_ Bone fracture\_\_\_ Depression\_\_\_  
High anxiety\_\_\_ phobias\_\_\_ Eating disorders (anorexia, bulimia)\_\_\_ Sleeping problems\_\_\_

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

---

---



**FORTITUDE**  
health + training  
GET FIT AT THE FORT

**Current Medications** \_\_\_\_\_

---

Do these medications affect your ability to exercise or achieve your fitness goals? If yes, please explain.

---

**Lifestyle Related Questions:**

- 1) Do you smoke? **YES NO** If yes, how many? \_\_\_\_\_
- 2) Do you drink alcohol? **YES NO** If yes, how many glasses per week? \_\_\_\_\_
- 3) How many hours do you regularly sleep at night? \_\_\_\_\_
- 4) Describe your job:      **Sedentary**      **Active**      **Physically Demanding**
- 5) Does your job require travel? **YES NO**
- 6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? \_\_\_\_\_
- 7) List your 3 biggest sources of stress: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_
- 8) Is anyone in your family overweight? **Mother**      **Father**      **Sibling**      **Grandparent**
- 9) Were you overweight as a child? **YES NO** If yes, at what age(s)? \_\_\_\_\_

**Fitness History:**

- 1) When were you in the best shape of your life? \_\_\_\_\_
- 2) Have you been exercising consistently for the past 3 months? **YES NO**
- 3) When did you first start thinking about getting in shape? \_\_\_\_\_
- 4) What if anything stopped you in the past? \_\_\_\_\_
- 5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? \_\_\_\_\_



**FORTITUDE**  
health + training  
GET FIT AT THE FORT

**Nutrition Related Questions**

- 1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? \_\_\_\_\_
- 2) How many times a day do you usually eat (including snacks)? \_\_\_\_\_
- 3) Do you skip meals? **YES NO**
- 4) Do you eat breakfast? **YES NO**
- 5) Do you eat late at night? **Sometimes Often Never**
- 6) What activities do you engage in while eating? (TV, reading, etc) \_\_\_\_\_
- 7) How many glasses of water do you consume daily? \_\_\_\_\_
- 8) Do you feel drops in your energy levels throughout the day? **YES NO** If yes, when? \_\_\_\_\_
- 9) Do you know how many calories you eat per day? **YES NO** If yes, how many? \_\_\_\_\_
- 10) Are you currently or have you ever taken a multivitamin or any other food supplements? **Y N** If yes, please list the supplements:  
  
\_\_\_\_\_  
  
\_\_\_\_\_
- 11) At work or school, do you usually: **Eat Out Bring Food**
- 12) How many times per week do you eat out? \_\_\_\_\_
- 13) Do you do your own grocery shopping? **YES NO**
- 14) Do you do your own cooking? **YES NO**
- 15) Besides hunger, what other reason(s) do you eat? **Boredom Social Stressed Tired Depressed Happy Nervous**
- 16) Do you eat past the point of fullness? **Often Sometimes Never**
- 17) Do you eat foods high in fat and sugar? **Often Sometimes Never**
- 18) List 3 areas of your Nutrition you would like to improve: 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_



**FORTITUDE**  
 health + training  
 GET FIT AT THE FORT

**Exercise Related Questions:** Skip to next section if you are presently inactive.

- 1) How often do you take part in physical exercise? **5-7x/week**    **3-4x/week**    **1-2x/week**
- 2) If your participation is lower than you would like it to be, what are the reasons? **Lack of Interest**  
**Illness/Injury**    **Lack of Time**    **Other** \_\_\_\_\_
- 3) How long have you been consistently physically active for? \_\_\_\_\_
- 4) What activities are you presently involved in?

**Cardio &/or Sports**

Frequency/Week \_\_\_\_\_ Average Length \_\_\_\_\_ **Easy/Mod/Hard**

List types of cardio/sports \_\_\_\_\_

**Strength Training**

Frequency/Week \_\_\_\_\_ Average Length \_\_\_\_\_ **Easy/Mod/Hard**

**Stretching** Frequency/Week \_\_\_\_\_ Average Length \_\_\_\_\_

5) Please circle all the activities that interest you:

- |                                |                         |                                |                                  |                      |                            |
|--------------------------------|-------------------------|--------------------------------|----------------------------------|----------------------|----------------------------|
| <b>Aerobic Fitness Classes</b> | <b>Baseball</b>         | <b>Basketball</b>              | <b>Boxing</b>                    | <b>Cross Country</b> | <b>Skiing</b>              |
| <b>Football</b>                | <b>Golf</b>             | <b>Group Personal Training</b> | <b>Hiking</b>                    | <b>Ice Skating</b>   | <b>Indoor Cycling</b>      |
| <b>Kayaking</b>                | <b>Partner Training</b> | <b>Pilates</b>                 | <b>Private Personal Training</b> | <b>Racquetball</b>   |                            |
| <b>Rock Climbing</b>           | <b>Running</b>          | <b>Skiing</b>                  | <b>Snowboarding</b>              | <b>Snowshoeing</b>   | <b>Soccer</b>              |
| <b>Swimming</b>                | <b>Tennis</b>           | <b>Triathlon</b>               | <b>Volleyball</b>                | <b>Walking</b>       | <b>White Water Rafting</b> |
|                                |                         |                                |                                  |                      | <b>Yoga</b>                |

**Developing your Fitness Program:**

Please circle how you prefer to exercise: **INSIDE**    **OUTSIDE**    **COMBINATION**    **LARGE GROUPS**  
**SMALL GROUPS**    **ALONE**    **COMBINATION MORNING**    **AFTERNOON**  
**EVENING**

- 1) Realistically, how often a week would you like to exercise? \_\_\_\_\_x/week
- 2) Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_
- 3) What are the best days during the week for you to commit to your exercise program? Please circle.

**M T W Th F Sat Sun**



**FORTITUDE**  
health + training  
GET FIT AT THE FORT

4) List your favorite activities, rest days, time spent etc. \_\_\_\_\_  
\_\_\_\_\_

5) If you could design your own exercise program, what would an ideal training week look like to you? Please be specific.

**MON** \_\_\_\_\_ **TUES** \_\_\_\_\_ **WED** \_\_\_\_\_

**THURS** \_\_\_\_\_ **FRI** \_\_\_\_\_ **SAT** \_\_\_\_\_ **SUN** \_\_\_\_\_

**Goal Setting: How can we help you? Please check that which applies.**

Lose Body Fat \_\_\_\_ Develop Muscle Tone \_\_\_\_ Rehabilitate an Injury \_\_\_\_ Nutrition Education \_\_\_\_  
Start an Exercise Program \_\_\_\_ Design a more advanced program \_\_\_\_ Safety \_\_\_\_  
Sports Specific Training \_\_\_\_ Increase Muscle \_\_\_\_  
Size \_\_\_\_ Fun \_\_\_\_ Motivation \_\_\_\_ Other \_\_\_\_\_

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are **'SMART'**.  
S= Specific (Provide details, how long, how much etc.) M= Measurable (How will you measure whether you've reached your goals) A= Attainable (Be realistic, set smaller goals) R = Rewards-Based (Attach a reward to each goal) T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. Where do you rate health in your life? **Low priority Medium Priority High priority**

3. How committed are you to achieving your fitness goals? **Very Semi Not very**

4. What do you think the most important thing we can do to help you achieve your fitness goals?  
\_\_\_\_\_  
\_\_\_\_\_

5. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming



**FORTITUDE**  
health + training  
GET FIT AT THE FORT

vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).

---

---

6. Outline 3 methods that you plan to use to overcome these obstacles:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Miscellaneous Questions:**

1. How did you hear about us? Please circle that which applies.

**Brochure   Word of Mouth   Flyer   Newsletter   Website   Health Professional (Doctor, Dietitian, Physical Therapist, etc)   Other \_\_\_\_\_**

2. If you were referred to us, who told you about our services?

---

3. Why did you choose to work with Fortitude Health and Training, LLC instead of another organization? Please check that which applies.

**Location   Personal Trainers   Cost   Customer Service   Word of Mouth  
Programs   Other \_\_\_\_\_**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature