



UNIVERSITY RECREATION & WELLNESS

FITNESS

Personal Fitness Assessment Packet- Personal Training

Regular physical activity is safe for most people; however, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult your doctor before starting to exercise, please read the following questions carefully. To better determine a training plan that meets your interests and goals, please answer all questions specifically and honestly, trying your best to use measurable terms. All information will be kept confidential.

The Physical Activity Readiness Questionnaire (PAR-Q)

Please answer the questions below by checking yes or no; if you check yes, please provide further explanation. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Note: All men over the age of 45 and women over the age of 55 are required to seek medical clearance prior to training.

PAR-Q Questionnaire	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? Explanation:		
2. Do you feel pain in your chest when you do physical activity? Explanation:		
3. In the past month, have you had chest pain when you were not doing physical activity? Explanation:		
4. Do you lose balance because of dizziness or do you ever lose consciousness? Explanation:		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Explanation:		
6. Is your doctor currently prescribing medication for high blood pressure or a heart condition? Explanation:		
7. Have you ever experienced a stroke?		

Explanation:		
8. Do you have diabetes? Explanation:		
9. Has a physician ever told you or are you aware that you have high blood pressure or a heart condition? (high blood pressure= +140/90 mmHG) Explanation:		
10. Has a physician ever told you or are you aware that you have a high cholesterol level? (total serum cholesterol= +200 mg/dl) Explanation:		
11. Have you had surgery within the past year? If yes, what and when. Explanation:		
12. Have you ever had knee or hip replacement surgery and if so when? Explanation:		
13. Do you currently smoke? Explanation:		
14. Do you have asthma or other disordered breathing (i.e. emphysema, COPD, chronic bronchitis)? Explanation:		
15. Has anyone in your immediate family (parents/ siblings) had a heart attack, stroke, or cardiovascular disease before the age of 55? Explanation:		
16. Are you pregnant or trying to become pregnant? Explanation:		
17. Have you ever been on a medically prescribed diet? Explanation:		
18. Have you ever been diagnosed with a dietary related medical condition such as a Food Allergy, Digestive Disease (Celiac Disease, Crohn's Disease or Ulcerative Colitis) or Eating Disorder? Explanation:		
19. Do you know of any other reason why you should not engage in physical activity? Explanation:		

Are you currently taking any medications? _____ YES _____ NO. If so, please list below.

Name of medication and reason for taking:

If you answered yes to one or more questions on the PAR-Q:

- Your physician may need to complete the RecWell physician clearance form prior to your personal fitness assessment/training. The Fitness Director will alert of you of this requirement.
- With your physician's approval, you may be able to do any activity you want as long as you begin slowly and build up gradually. Or you may need to restrict your activities to those that are safe for you.

Lifestyle Questionnaire

Do you smoke? _____ If so, how many cigarettes do you smoke/day? _____

How many hours of sleep (on average) do you get per night? _____

Please rate your stress level:

____ Non-existent -- I rarely feel stressed throughout the week.

____ I feel mild stress throughout the week.

____ I feel moderate stress throughout the week.

____ I feel overwhelming stress throughout the week.

How do you relieve stress?

My diet consists of most of the time: (choose one)

____ a balanced diet including fruits, vegetables, dairy, carbohydrates and lean proteins.

____ I could eat more fruits and vegetables, but feel my diet is better than average.

____ whatever is convenient.

____ I rarely cook for myself and rely on take out and fast food.

Fitness Habits and Interest Questionnaire

My goal for hiring a personal trainer is, be specific! (Example: I want to lose 5 pounds for my class reunion, 2 months away.)

My goal for hiring a nutrition coach is, be specific! (Example: I want to incorporate more dairy into my diet.)

How many times per week are you active enough to break a sweat? _____

When you exercise, how long are you active? _____ minutes

On a scale from 1 to 10 (1= no intensity and 10= maximum intensity), how intense is your typical activity?

How many years have you exercised? _____

Do you prefer to exercise...?

_____ Alone _____ With others (group) _____ It depends on the activity

What types of physical exercise activities do you enjoy engaging in? (Place an X next to all that apply.)

	Running/ Jogging		Taking group fitness classes
	Hiking		Yoga/ Pilates
	Biking		Weight Training
	Swimming		Elliptical/ Arc Trainer
	Rock Climbing		Stair Climber
	Walking		Rowing
	Racquet Sports		Martial Arts
	Ball Sports (i.e. soccer, football, basketball)		Golf
	Other: (Please list)		