

# PAR-Q+ Intake Form

## Joe Carr Personal Training LLC - Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. This Par-Q has been designed to identify the small number of adults for whom personal training with Joe Carr Personal Training LLC might be inappropriate, or who should seek medical advice concerning the type of activity most suitable for them before engaging Joe Carr Personal Training LLC.

Common sense is your best guide in answering these questions. Please read them carefully and check YES or NO if it applies to you. If a question is answered with YES, please use the available space to explain your answer and give additional details.

### GENERAL HEALTH QUESTIONS

<b>Please read the questions below carefully and answer each one honestly: check YES or NO.</b>	<b>YES</b>	<b>NO</b>
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with any chronic OR serious medical condition? PLEASE LIST CONDITION(S) HERE:	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem or long-term injury that could be made worse by becoming more physically active? PLEASE LIST CONDITION(S) HERE:	<input type="checkbox"/>	<input type="checkbox"/>
7) Do you smoke (anything) or vape? If you quit less than 12 months ago, answer YES	<input type="checkbox"/>	<input type="checkbox"/>
8) Has your doctor ever said you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
9) Do you know of any other reason you should avoid physical activity? PLEASE LIST REASON(S) HERE:	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any regular physical fitness activities you recently stopped participating in? Why? PLEASE LIST ACTIVITIES AND REASON(S) HERE:	<input type="checkbox"/>	<input type="checkbox"/>
11) Have you ever had any accidents, joint replacements, or medical device implants?	<input type="checkbox"/>	<input type="checkbox"/>
12) Any other health or fitness issues that Joe Carr Personal Training LLC should know about? PLEASE LIST HERE:	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered NO to all the questions above, please sign the PARTICIPANT DECLARATION.  
You do not need to complete Pages 2 and 3.**

#### PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian, or care provider must also sign this form.

*I have read, understood, and completed this questionnaire, and my responses are true to the best of my knowledge. I acknowledge that this PAR-Q form becomes invalid if my condition changes. I also acknowledge that Joe Carr Personal Training LLC may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.*

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

**If you answered YES to one or more of the questions above, PLEASE COMPLETE PAGES 2 AND 3.**

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## Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant- talk to your doctor/health care practitioners and physicians before becoming more physically active.
- Your health changes - answer the questions on Pages 2 and 3 of this form and talk to your doctor/health care professional before continuing with any physical activity program.

## FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

### 1. Do you have Arthritis, Osteoporosis, or Back Problems?

If YES, answer questions 1a & 1b

If NO go to question 2

YES  NO

1a. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?

YES  NO

1b. Have you had steroid injections or taken steroid tablets regularly for more than 3 months?

YES  NO

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### 2. Do you currently have Cancer of any kind?

If YES, answer questions 2a-2b

If NO go to question 3

YES  NO

2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck?

YES  NO

2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?

YES  NO

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### 3. Do you have a Heart or Cardiovascular Condition? This Includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If YES, answer questions 3a & 3b

If NO go to question 4

YES  NO

3a. Do you have an irregular heartbeat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction)

YES  NO

3b. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?

YES  NO

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### 4. Do you currently have High Blood Pressure OR high cholesterol ?

YES  NO

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### 5. Do you have any Metabolic Conditions? This Includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If YES, answer questions 5a & 5b

If NO go to question 6

YES  NO

5a. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness.

YES  NO

5b. Are you planning to engage in what (for you) is unusually high- or vigorous-intensity exercise in the near future?

YES  NO

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### 6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

YES  NO

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### 7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If YES, answer question 7a

If NO go to question 8

YES  NO

7a. If asthmatic, do you currently have symptoms of chest tightness, wheezing, labored breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?

YES  NO

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### 8. Have you ever had a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If YES, answer question 8a

If NO go to question 9

YES  NO

8a. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?

YES  NO

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**9. Have you ever had a Stroke?** This includes Transient Ischemic Attack (TIA) or Cerebrovascular EvenIf **YES**, answer questions 9a & 9bIf **NO** go to question 10YES  NO 

9a. Do you have any impairment in walking or mobility?

YES  NO 

9b. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?

YES  NO 

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**10. Do you have any other medical condition not listed above OR do you have 2 or more medical conditions?**

If you have other medical conditions, answer questions 10a-10e

If **NO** go to question 11YES  NO 

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months?

YES  NO 

10b. Have you had a diagnosed concussion within the last 12 months?

YES  NO 

10c. Do you have epilepsy, other neurological conditions, or kidney problems?

YES  NO **PLEASE LIST YOUR MEDICAL CONDITION(S)**

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**AND ANY RELATED MEDICATIONS HERE:**

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10d. Do you have any other medical conditions (including accidents), implants, or joint replacements not addressed above?

YES  NO **PLEASE LIST YOUR MEDICAL CONDITION(S)**

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**AND ANY RELATED MEDICATIONS HERE:**

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10e. Do you currently live with two or more medical conditions (include, even if noted above)?

YES  NO **PLEASE LIST YOUR MEDICAL CONDITION(S)**

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**AND ANY RELATED MEDICATIONS HERE:**

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**11. Any other health or fitness issues that Joe Carr Personal Training should know about?**

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**PARTICIPANT DECLARATION**

All persons who have completed the PAR-Q+ please read and sign the declaration below.

➡ If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

*I have read, understood, and completed this questionnaire, and my responses are true to the best of my knowledge. I acknowledge that this PAR-Q form becomes invalid if my condition changes. I also acknowledge that Joe Carr Personal Training LLC may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.*

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_