

# Physical Activity Readiness Questionnaire (PARQ)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*Please read the following questions carefully and check (X) the appropriate answer. Answer all questions honestly and to the best of your ability.*

## YES NO

- \_\_\_\_\_ 1. Has your doctor ever said that you have a heart condition (had a stroke, heart attack, or heart surgery) and/or 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. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?
- \_\_\_\_\_ 6. Do you have a diagnosed illness that could be made worse by physical activity?
- \_\_\_\_\_ 7. Is your doctor currently prescribing medication for your blood pressure or heart condition?
- \_\_\_\_\_ 8. Are you pregnant?
- \_\_\_\_\_ 9. Do you know of any other reason why you should not do physical activity?

## Fitness Participation Agreement

I have voluntarily chosen to participate in a *Weight Loss Pros program*. I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no known conditions that would prevent me from participation. I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation at any time. Furthermore, I agree to self-determine my exertion through good judgment and to discontinue any activity that exceeds my personal limitations. I understand that by signing this agreement that I hereby waive and release *Weight Loss Pros*, its owner(s) and staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation. I affirm that I have read and understand this document and I wish to participate in *Weight Loss Pros programs*.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARTICIPANT INDEMNIFICATION, RELEASE OF LIABILITY, AND HOLD HARMLESS AGREEMENT**

This form must be signed by each person who will participate in or otherwise be involved with any Weight Loss Pros services and or personal training.

Please read this form carefully and be aware that by registering for and/or participating in personal training services, following exercise or nutritional programming from Weight Loss Pros (collectively herein referred to as the "programs") you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s), and you will be required to indemnify, hold harmless and defend Weight Loss Pros for any claims arising out of your participation in the program(s).

**RISK OF INJURY:** AS A PARTICIPANT IN WEIGHT LOSS PROS "PROGRAMS", I RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY, AND I AGREE TO ASSUME THE FULL RISK OF ALL INJURIES, INCLUDING DEATH, DAMAGES, OR LOSS, WHICH I MAY SUSTAIN AS A RESULT OF PARTICIPATING IN ANY ACTIVITY ASSOCIATED WITH THIS PROGRAM.

**RELEASE FROM LIABILITY:** I HEREBY RELEASE, REMISE, ACQUIT, SATISFY, AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND HOLD HARMLESS WEIGHT LOSS PROS AND ITS OFFICERS, AGENTS, AND EMPLOYEES OF, FROM ALL MANNER OF ACTIONS, DISPUTES, CAUSES OF ACTION, SUITS, CLAIMS, COUNTER-CLAIMS, CROSS CLAIMS, DEBTS, ACCOUNTS, BILLS, INTEREST, COSTS, AGREEMENTS, JUDGMENTS, EXECUTIONS, LIABILITIES, LOSSES, OBLIGATIONS, AND DEMANDS OF ANY CHARACTER, TYPE, OR DESCRIPTION, IN LAW OR IN EQUITY, AT COMMON LAW, STATUTORY OR OTHERWISE, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, GROSS NEGLIGENCE, AND/OR WILLFUL AND MALICIOUS CONDUCT FOR ANY DAMAGES ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE PROGRAM, INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES, LOST WAGES, EXPENSES FOR MEDICAL TREATMENT, LOSS OF CONSORTIUM, AND MENTAL ANGUISH DAMAGES RESULTING FROM PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH. THIS INDEMNITY AND RELEASE IS BINDING ON ME, MY ESTATE, HEIRS, AND ASSIGNS.

**CONSENT TO TREATMENT:** IF, IN THE CASE OF AN EMERGENCY, I (OR MY EMERGENCY CONTACT) CANNOT BE REACHED, I AUTHORIZE WEIGHT LOSS PROS STAFF TO OBTAIN WHATEVER MEDICAL TREATMENT THEY REASONABLY DEEM NECESSARY FOR THE WELFARE OF ME OR MY CHILD. I FURTHER UNDERSTAND AND AGREE THAT I WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES AND FEES INCURRED FOR THE PROVISION OF SUCH MEDICAL TREATMENT.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

**Internet/Photo Release Form (Optional)**

I do hereby consent and agree that Weight Loss Pros, and all other affiliates/programs, its employees and agents have the right to take photographs, videotape, or digital recordings of me to use in any and all media forms including; advertising, publications, website, internet and social media. This (these) photograph(s) may be used indefinitely as part of the above mentioned program and may also be used to promote to educational or health professionals, referral sources, and/or the general public in print and/or electronic format. I do hereby release to Weight Loss Pros, and all other affiliates/programs, its employees and agents, all rights to exhibit this work of myself in print and electronic form for publicity or privately. \_\_\_\_\_ Initial

I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I understand that I can withdraw my permission for future publication and that upon my written request, the photograph(s) will not be re-published for future circulation. This will not affect my relationship with Weight Loss Pros or staff in any way. I understand that I will receive no financial or other reimbursement for recording, photographing or videotaping me, either for initial or subsequent transmission or play back. \_\_\_\_\_ Initial

If I want more information about the photograph(s), or if I have questions or concerns at any time, I can call or e-mail Weight Loss Pros.

**Signing my name below means that I have read and understand this form; and that I am giving consent to be photographed, thereby granting permission for the use of my photograph in any publication or advertising material (printed or electronic) of Weight Loss Pros, its employees and agents. This consent also serves to waive all rights of privacy and compensation which I may have in connection with the use of my photograph.** \_\_\_\_\_ Initial

I represent that I am at least 18 years of age, and have read and understand the above statements, and will execute this agreement. \_\_\_\_\_ Initial

_____ <b>(Name of Participant)</b>	_____ <b>(Signature of Participant)</b>	_____ <b>(Date)</b>
_____ <b>(Name of Legal Guardian)</b>	_____ <b>(Signature of Legal Guardian)</b>	_____ <b>(Date)</b>

This form is an important legal document. It explains the risks you are assuming by starting a wellness program. It is critical that you read and understand it completely. After you have done so, please print your name, email address, and date in the spaces below.

### **Disclaimer**

The nutrition advice given by Weight Loss Pros, is based on the information provided by the client / individual. The nutrition information given is meant only for the client / individual completing the forms. It is the sole responsibility of the client / individual to provide complete and accurate information. Any misinformation or omitted information may affect the nutritional/ assessment / advice. Any misrepresented information is solely the client's / individual's responsibility and Weight Loss Pros, will not be liable. Weight Loss Pros, provides nutrition consulting and recommendations only and is not licensed to diagnose a medical condition or illness. The client / individual must consult a physician for any medical advice.

### **Waiver and Covenant Not to Sue**

I have volunteered to participate in a wellness program and possible follow-ups under the direction of Weight Loss Pros, which will include, but may not be limited to nutritional planning. In consideration of Weight Loss Pros agreement to assist me, I do here and forever release and discharge and hereby hold harmless Weight Loss Pros and his/her respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in any nutrition program including any injuries resulting there from.

### **Assumption of Risk**

I recognize that specific foods may create allergic and possible fatal reactions, most specifically, products containing nuts. I am aware that specific foods may interact with certain medications. I have discussed the side effects of all of my medications with my doctor or pharmacist. If I am pregnant or lactating, have high cholesterol, high blood pressure, high blood sugar, diabetes, renal disease, gastric by-pass surgery or any other medical condition that requires special dietary restrictions, I must receive permission from my physician before participating in the wellness program, or may be advised to seek help from another health professional.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this wellness program. I understand that results are individual and may vary.

Signature of client/ individual:

Printed Name:

Date:

# Goals Questionnaire

**List your health and fitness goals:** For example (lose weight, gain strength, to feel healthier)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Do you have any Injuries** (past or present)?

**Exercise History:** Please indicate any current and or previous exercise activities or programs that you have participated in.

## **About Stress:**

The stress response is your body's way of protecting you. When working properly, it helps you stay focused, energetic, and alert. Beyond a certain point, however, stress stops being helpful and can cause major damage to your health, your mood, your productivity, your relationships, and your quality of life. Low stress is associated with a healthier life, less fatigue, and more peace of mind.

Sufficient sleep is as an essential aspect of disease prevention and health promotion. Adults typically need 7-9 hours of sleep in a 24-hour period.

## **About Nutrition:**

The Dietary Guidelines for American describe a healthy diet as one that:

- ✓ Emphasizes fruits, vegetables, whole grains, and low-fat or fat-free milk and milk products;
- ✓ Includes lean meats, poultry, fish, beans, eggs, and nuts; and
- ✓ Is low in saturated fats, trans-fats, cholesterol, salt, and added sugars.

If you choose to drink alcohol, the Guidelines recommend that you do not exceed 1 drink per day for women and 2 drinks per day for men. One drink is a 12-oz. beer, 5-oz. glass of wine, or drink with 1 shot of liquor. The Guidelines specify that there are some people who should not drink alcoholic beverages at all.

## LIFESTYLE SCREENING TEST

Name: \_\_\_\_\_ Screening Date: \_\_\_\_\_

### **Stress**

1. On a scale of 1-10 with 1 being not stressed at all and 10 being most stressed, how would you rate your stress levels on average?

**Not stressed at all   1   2   3   4   5   6   7   8   9   10   Most stressed**

2. On average, how many hours of **sleep** do you get in a 24-hour period (includes napping)? \_\_\_\_\_ **Hours**

3. Are you now, or have you ever been a **smoker**? **If yes**, when was the last time you smoked?

**No** \_\_\_\_\_ **Yes** \_\_\_\_\_ **Last smoked:** \_\_\_\_\_

### **Nutrition**

1. How many servings of **fruit** do you usually eat?  
\_\_\_\_\_ **Per day**   \_\_\_\_\_ **/Week**   \_\_\_\_\_ **Never**

2. How many servings of **vegetables** do you usually eat?  
\_\_\_\_\_ **Per day**   \_\_\_\_\_ **/Week**   \_\_\_\_\_ **Never**

3. How often do you eat **Fast Food**?  
\_\_\_\_\_ **Per day**   \_\_\_\_\_ **/Week**   \_\_\_\_\_ **Never**

4. About how often do you eat **breakfast**?  
\_\_\_\_\_ **Everyday**   \_\_\_\_\_ **/Week**   \_\_\_\_\_ **Never**

5. How much **water (estimate ounces)** do you drink in a typical day (1 glass = 8 oz.)? \_\_\_\_\_ **Per day**

6. About how often do you drink **soda**?

Daily \_\_\_\_\_

Weekly \_\_\_\_\_



**Moderate** activities cause small increases in breathing or heart rate. Examples of moderate activities are walking fast, doing water aerobics, riding a bike on level ground, playing doubles tennis, and pushing a lawn mower.



**Vigorous** activities cause large increases in breathing or heart rate. Examples of vigorous activities are jogging, swimming laps, riding a bike fast or on hills, playing singles tennis, and playing basketball.



**Muscle-strengthening activities**, on two or more days per week, should work all the major muscle groups of your body. Muscle-strengthening activities need to be done to the point where it's hard for you to do another repetition without help. A **repetition** is one complete movement of an activity, like lifting a weight or doing a sit-up. Ways that you can strengthen your muscles include lifting weights, working with resistance bands, doing exercises that use your body weight for resistance (push-ups, sit-ups), heavy gardening (digging, shoveling), and yoga.

**10 minutes at a time is fine.** 150 minutes each week sounds like a lot of time, but you don't have to do it all at once. Not only is it best to **spread your activity out during the week**, but you can **break it up into smaller chunks of time during the day**. As long as you're doing your activity at a moderate or vigorous effort for **at least 10 minutes at a time**.

7. Do you have any restrictions on your diet? \_\_\_\_\_
8. How many meals do you consume per day? \_\_\_\_\_
9. Who cooks/prepares your meals? \_\_\_\_\_

**PHYSICAL ACTIVITY SCREENING RESULTS**

1. In a typical day, which of the following best describes what you do?  
 **Mostly sitting or standing**  
 **Mostly walking**  
 **Mostly heavy labor or physically demanding work**

2. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, mowing the lawn, or walking for exercise?  
 **Yes**     **No**     **Don't know**

3. If **yes**, please describe the type of exercise, frequency, and duration.  
**Exercise type** \_\_\_\_\_  
**Days/week** \_\_\_\_\_    **Hrs. or minutes/day** \_\_\_\_\_

4. Would you like a before and after photos? (optional)  
 **Yes**     **No**