



## LIFEEZI HEALTH AND FITNESS SERVICES PRIVATE LIMITED

Name:

Location:

Date of birth :

Height in cms:

Weight in kgs:

Email ID :

### FITNESS TRAINING PHYSICAL ACTIVITY READINESS QUESTIONNAIRE FORM: (PAR-Q) form:

To complete this form, please print, fill out and return to the trainer in the form of hard copy or soft copy

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q (Physical Activity Readiness Questionnaire) will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO **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?
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. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (ex. water pills) for your blood pressure or heart condition?

7. Do you know of any other reason why you should not do physical activity? *If you answered: Yes to one or more questions*

- Talk with your doctor by phone or in person before you start becoming much more physically active and before you have a fitness appraisal. Tell your doctor about the PAR-Q and which question(s) you answered YES.
- You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advise.

**No to all questions**

- If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
  - Start becoming more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
  - Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

**Delay becoming much more active:**

- If you are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better.
- If you are pregnant - talk to your doctor before you start becoming more active.
- If your health changes so that you then answer YES to any of the above questions, consult your doctor.

What do you want exercise to do for you? Please attach a weight of importance (1-2 Ext important, 3-4 Somewhat important, 5 not at all important) to ALL of the following statements.

\_\_\_Improve cardiovascular fitness \_\_\_Body-fat weight loss \_\_\_Improve performance for a specific sport  
\_\_\_Reshape or tone my body \_\_\_Increase strength \_\_\_Improve flexibility \_\_\_Increase energy level \_\_\_  
\_\_\_Improve moods and ability to cope with stress \_\_\_Enjoyment

How much time are you willing to devote to an exercise program? Minutes/day\_\_\_\_\_Day(s)/week\_\_\_\_\_

**Past and Present Personal Health History (check if applicable or mark NA)**

Diseases of the heart and arteries-

Diabetes-

Angina Pectoris (chest pain)-

Epilepsy\_-

Anaemia -

Orthopaedic or muscular problems-

Cancer-

Other lung disease-

Diabetes Mellitus-

Stroke-

High Blood Pressure-

Asthma-

Abnormal chest x-ray-

Other\_

If any of the previously mentioned conditions are checked, please explain further and indicate any recommendations your doctor has made regarding exercise.

Do you have a family history of heart disease, hypertension, stroke, diabetes, heart failure, lung disease or epilepsy? \_Yes /No If yes, please provide information regarding who the relative is, the medical problem, and the age at onset:

Do you currently smoke cigarettes? Yes/No If yes, how many cigarettes per day? \_\_\_\_\_

\_If in the past, when did you quit?

Are you currently taking medication prescribed by a physician? Yes/No If yes, indicate name of medication, dosage taken, and the reason you are taking it:

\_\_\_\_\_  
Please indicate below any additional medical information that you think is important for us to know prior to fitness testing or exercise.

\_\_\_\_\_  
Do you currently take any nutritional supplements or follow any special diet (such as vegetarian, low calorie, etc.)?

Indicate the time you consume meals on an average day (including snacks) by printing the approximate time of consumption.

Breakfast

Snack \_\_\_\_\_

Lunch\_\_\_\_

Snack\_\_\_\_\_ Dinner \_\_\_\_\_

I think I am (circle one)

Very underweight   Somewhat underweight   Normal weight   Somewhat overweight   Very overweight

How many hours do you work per week? \_\_\_\_\_ How do you spend most of your time at work? (circle one) sitting/walking/driving/standing/carrying loads/other:

How many hours of sleep do you normally get? \_\_\_\_\_

Indicate how you are dealing with daily stress: (not coping well) 1   2   3   4   5 (coping well)

Indicate your energy level: (not coping well) 1   2   3   4   5 (coping well)

I assume the risks involved in practicing the Sports & Fitness facilities and programs including The Challenge. I also accept the sole responsibility for any injury that I may sustain by participating in Sports & Fitness. Participation in this program is at my own risk and completely voluntary.

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Participant Signature

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Date