

# *Sherrie Carnicle Fitness Inc.*

## PHYSICAL ACTIVITY READINESS

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those individuals who should seek medical attentions prior to beginning a physical fitness program.

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

EMAIL \_\_\_\_\_ Date \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

- |  | YES   | NO    |
|--|-------|-------|
| 1. Do you have high cholesterol?   | _____ | _____ |
| 2. Has your doctor ever said that you have heart trouble?  | _____ | _____ |
| 3. Has your doctor ever told you that you have a bone or joint problem (such as arthritis) that has been or may be exacerbated by physical activity? | _____ | _____ |
| 4. Has your doctor ever told you that your blood pressure was too high?  | _____ | _____ |
| 5. Are you over 65 years of age and not accustomed to vigorous exercise?   | _____ | _____ |
| 6. Is there any reason, not mentioned thus far, that would not allow you to participate in a physical fitness program?                               | _____ | _____ |

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INITIAL \_\_\_\_\_

# Sherrie Carnicle Fitness Inc.

## information:

1. Do you ever feel weak, fatigued, or sluggish? \_\_\_\_\_
2. How many meals do you eat each day? \_\_\_\_\_
3. Do you know how many calories you eat in a day? \_\_\_\_\_
4. Do you eat breakfast? \_\_\_\_\_
5. Are you taking supplements?  
(i.e. vitamins, amino acids, protein shakes, etc.) \_\_\_\_\_
6. Do you crave sugary foods? \_\_\_\_\_
7. Do you need several cups of coffee to keep you going  
throughout the day? \_\_\_\_\_
8. Do you often experience digestive difficulties? \_\_\_\_\_
9. Proper nutrition can increase the body's ability to enhance  
physical and mental performance by up to 80%. Do you feel  
that a properly structured nutrition and exercise program would  
benefit you? \_\_\_\_\_
10. How long have you been exercising? \_\_\_\_\_
11. Have you reached and maintained your goals? \_\_\_\_\_
12. Are you happy with the way you look and your health? \_\_\_\_\_
13. On a scale of 1 to 10, how serious are you about achieving your goals? \_\_\_\_\_

least 1 2 3 4 5 6 7 8 9 10 most

## Please list your desired fitness goals:

Desired Body Fat: \_\_\_\_\_

Desired Weight: \_\_\_\_\_

Desired Waist Size: \_\_\_\_\_

Desired Dress or Pant Size: \_\_\_\_\_

I plan to exercise \_\_\_\_\_ times a week

I am interested in:

I would like to:

Aerobics Classes \_\_\_\_\_

Increase Muscle Tone \_\_\_\_\_

Free Weight Training \_\_\_\_\_

Lose Body Fat \_\_\_\_\_

Cardiovascular Training \_\_\_\_\_

Increase Stamina \_\_\_\_\_

Circuit Training \_\_\_\_\_

Increase Strength/Lean Mass \_\_\_\_\_

Improve Overall Health \_\_\_\_\_