Physical Activity Readiness Questionnaire

Name: _____ Signature: _____

Address: _____ Date: _____

_____

_____ Phone no:

Emergency contact name and phone no: _____

If you are planning to take part in physical activity or an exercise class and you are new to exercise, start by answering the questions below. If you are between the ages of 15 and 69 the 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. *Your instructor will treat all information confidentially*.

Please tick appropriate box	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 ever feel pain in your chest when you do physical activity?	☐	☐
3. Have you ever had chest pain when you were not doing physical activity?	☐	☐
4. Do you ever feel faint or have spells of dizziness?	☐	☐
5. Do you have a joint problem that could be made worse by exercise?	☐	☐
6. Have you ever been told that you have high blood pressure?	☐	☐
7. Are you currently taking any medication of which the instructor should be made aware? If so, what?	☐	☐
8. Are you pregnant or have you had a baby in the last 6 months?	☐	☐
9. Is there any other reason why you should not participate in physical activity? If so, what?	☐	☐

IF YOU HAVE ANSWERED **YES** TO ONE OR MORE QUESTIONS:	IF YOU HAVE ANSWERED **NO** TO ALL QUESTIONS:
Talk to your doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the questionnaire and which question you answered YES to. 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 activity you wish to participate in and follow her/his advice.	You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember - begin slowly and build up gradually. PLEASE NOTE: If your health changes so that subsequently you answer YES to any of the above questions, inform your fitness or health professional immediately. Ask whether you should change your physical activity or exercise plan. Delay becoming more active if you feel unwell because of a temporary illness such as a cold or flu – wait until you are better.

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. I HAVE DISCUSSED ANY ISSUES WITH THE INSTRUCTOR. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION

Discussion with Client and outcomes:

Learner Signature _____ Client Signature _____

Physical Activity and Lifestyle Screening Questionnaire

This questionnaire provides information to your instructor on your current physical activity levels. Whilst physical activity includes activities of daily living, eg, gardening and occupational tasks, exercise is structured, planned and purposeful.

Name _____ Address _____

Date of birth _____ _____

Phone no _____ _____

Physical Activity (Please tick the relevant box)

What kind of job do you do?

_____

How do you travel to and from work?

_____

How would you rate the physical activity you perform at work?

very little ☐ little ☐ moderate ☐ active ☐ very active ☐

How would you rate the physical activity you perform when not at work? (include activities such as housework/gardening in your rating).

very little ☐ little ☐ moderate ☐ active ☐ very active ☐

Are you presently performing any fitness programme? Yes ☐ No ☐

If "Yes" what and how often you do it? _____

_____

_____

_____

_____

_____

How physically fit do you feel at present?

Unfit ☐ below average ☐ average ☐ above average ☐ very fit ☐

Sport

Do you currently take part in any sport or exercise at any level? ☐ Yes ☐ No

If yes, what does your sport/form of exercise involve? _____

_____

_____

_____

_____

_____

Exercise Preferences (Please tick any one or more categories)

Which activities would you be interested in learning or participating in?

walking	☐	swimming	☐	jogging	☐	tennis	☐	golf	☐
toning	☐	aqua aerobics	☐	running	☐	badminton	☐	squash	☐
weights	☐	step aerobics	☐	volleyball	☐	circuits	☐	cycling	☐
aerobics	☐	line dancing	☐	yoga	☐	stretch and tone	☐	pilates	☐

Other _____

_____

_____

_____

Are there any forms of activity which you dislike or which may cause you pain? _____

_____

_____

_____

Availability

How many times a week would you like to take part in an activity or exercise programme?

What day and time is best for you?

DAY	MON	TUES	WEDS	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

What are the reasons for you taking part in an exercise programme and what do you hope to achieve? _____

_____

_____

_____

_____

Identify your personal goals _____

_____

_____

_____

When do you feel is the right time to start exercising? _____

_____

_____

LIFESTYLE QUESTIONNAIRE

How would you describe your lifestyle in terms of:

Stress

Sleep

Relaxation

Smoking. Please say how many a day

If yes would you like to stop?

Have you ever smoked?

If so how long for?

When did you quit?

Do you drink alcohol? Please say how many units a week
(1 unit = a measure of spirits *or* a glass of wine *or* ½ pint of beer)

How many drinks containing caffeine do you drink each day?
(eg, tea, coffee, cola)?

How much water do you drink in a day? (by glass *or* by litre)

How many portions of fruit and vegetables do you eat each day?

How many times a day do you eat or drink snacks
(eg chocolate, crisps, sweets or sugary drinks)?

How often do you eat fried food in a week?

Do you add salt to your food?

20 What are the areas of your lifestyle you would like to improve upon?
Note: Lifestyle refers to anything you wish to change about your way of life other than your diet or physical activity levels eg smoking, relaxation, stress

_____

_____

_____

_____

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_____

_____

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_____

_____

_____

Client's Signature: _____ Date: _____

Learner's Signature: _____ Date: _____

Informed Consent Form

I hereby state that I have read, understood and answered honestly the pre exercise questionnaire (PARQ screening form). Any questions I had were answered to my full satisfaction. I also state that I wish to participate in activities which will include cardiovascular, resistance and flexibility exercises.

I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise that has been recommended to me. I understand that all information that I give will be kept confidential.

Name: (Instructor)	Signed: (Instructor)

Name: (Client)	Signed: (Client)

Date:

Instructor Use

If 'YES' marked on screening form, record advice given:

SUMMARY OF CLIENT ASSESSMENT

Learner's Name: _____ **Assessor's Name:** _____

Client's Name: _____ **Date of assessment:** _____

This summary should be completed by the learner, using the information gathered from the client prior to any physical activity. It can be completed in the presence of the client, or after the client assessment has taken place.

Identify the method of collecting client evidence you have used.	
Why was this method appropriate for your client?	

PAR Q
Are there any risks identified in the PAR Q?

Is there a need for temporary deferral, based on your findings from the PAR Q? **Yes** ☐ **No** ☐

Give reasons for your answer (even if there is no requirement for temporary deferral)

Current level of Physical Activity of the client

Lifestyle summary
For example, eating habits, alcohol intake etc.

Client height		**Client weight**		**Client BMI**	

What lifestyle advice would you give to your clients, based on the information you have collected?

Agreed client goals (SMART)
Agreed goal 1: Agreed goal 2:

Based on your client assessment, what other appropriate professional could you refer this client to?

PLANNING GYM BASED EXERCISE

SESSION PLAN INTRODUCTION

Name of learner _____

Name of assessor _____

Venue _____

On-site First aider _____ Location of 1st aid kit _____

AIM OF THE SESSION:

RESOURCES REQUIRED FOR THE SESSION:

SAFETY CONSIDERATIONS/RISKS RELEVANT TO THE SESSION*

Client fitness and skill level _____

Age of client _____ Male ☐ Female ☐ (Circle as appropriate)

Learner signature _____ Date _____

Assessor signature _____ Date _____

*This evidence can be demonstrated using evidence from Unit 2 'Health safety and welfare in a fitness environment' although this form must be completed in full.