

Physical Activity Readiness Questionnaire

Name: ~~William~~ Cian Williams

Signature: Chel

Address: _____

Date: 3/2/26

Phone no: _____

Emergency contact name and phone no: _____

07873 281754

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? ☐ YES ☒ NO
2. Do you ever feel pain in your chest when you do physical activity? ☐ YES ☒ NO
3. Have you ever had chest pain when you were not doing physical activity? ☐ YES ☒ NO
4. Do you ever feel faint or have spells of dizziness? ☐ YES ☒ NO
5. Do you have a joint problem that could be made worse by exercise? ☐ YES ☒ NO
6. Have you ever been told that you have high blood pressure? ☐ YES ☒ NO
7. Are you currently taking any medication of which the instructor should be made aware? If so, what? ☐ YES ☒ NO
8. Are you pregnant or have you had a baby in the last 6 months? ☐ YES ☒ NO
9. Is there any other reason why you should not participate in physical activity? If so, what? ☐ YES ☒ NO

IF YOU HAVE ANSWERED YES TO ONE OR MORE 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.

IF YOU HAVE ANSWERED NO TO ALL QUESTIONS:

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

Chel

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?

Full time student

How do you travel to and from work?

car

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? _____

N/A

How physically fit do you feel at present?

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

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?

- Runs in local park

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?

Running (disturb)

- Try to incorporate no/little running into session plan
- Dislikes running but takes part in running?

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? _____

- Get in better shape / healthier

- Gain weight / muscle

Identify your personal goals _____

- Be healthier

- Gain weight through muscle growth

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

- Ready to start now

(Client is in action stage)

LIFESTYLE QUESTIONNAIRE

How would you describe your lifestyle in terms of:

Stress

Little amount of stress (from uni work)

Sleep

Inconsistent sleep levels (struggles to switch off)

Relaxation

Low (caused by ADHD) (keeping busy helps)

Smoking. Please say how many a day

N/A

If yes would you like to stop?

N/A

Have you ever smoked?

Yes

If so how long for?

10 mins

When did you quit?

Was a one off

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)

Rarely

How many drinks containing caffeine do you drink each day?

(eg, tea, coffee, cola)?

Rarely

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

1-2 mainly from energy drinks + mornings

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

2-3 litres

How many times a day do you eat or drink snacks

(eg chocolate, crisps, sweets or sugary drinks)?

3 mainly from veg

How often do you eat fried food in a week?

1-2 crisps / biscuits

Do you add salt to your food?

3 days per week (from KFC)

Yes (added to majority of 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

Improve diet : less caffeine, less sugar, good

Increase ph levels : by doing football and gym

3 days a week football

2-4 days a week gym

↓ wants to increase to

Client's Signature:

Carl

Date: 3/2/26

Learner's Signature:

[Signature]

Date: 2/2/26

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SUMMARY OF CLIENT ASSESSMENT

Learner's Name: Freya Marshall

Assessor's Name: James Prosser

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.	Questionnaire gsm; verbal questioning
Why was this method appropriate for your client?	- can ask follow up questions - get to know client on personal level - establish a rapport.

PAR Q

Are there any risks identified in the PAR Q?

No risks identified

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)

No risks have been identified so no need for deferral.

Current level of Physical Activity of the client

- 2-3 days per week
- Done in park
- running
- Fartlek
- High intensity
- Last 20mins - 1 hour

Lifestyle summary

For example, eating habits, alcohol intake etc.

- Rarely drink
- 2-3 litres of water per day
- Eat 2-3 meals a day
- 1-2 energy drinks per day
- 3 grams of salt / veg per day
- 2-3 days of PA per week
- Doesn't smoke

Client height

5'9

Client weight

68 kg

Client BMI

22.1

Healthy weight category

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

- To meet PA guidelines need to be doing muscle strengthening activities 2 or more days per week. will achieve this through these PT sessions.
- cut down on energy drinks, can be achieved by better sleep
 - ↓ more exercise
 - reduce screentime by 1 hour
- improve diet by increasing fruit and veg to 5 per day, make sure to eat 3 meals per day to support increased demands from higher exercise levels
- Don't leave assignments till last minute to reduce uni based stress
- try meditation, yoga, breathwork ect to try and improve ability to relax
- cut down on fried food by cooking healthier alternatives at home

Agreed client goals (SMART)

Agreed goal 1: Gain weight through muscle growth

- increase weight to 75kg
- achieve within 6 months
- track through digital scale
- client believes it is achievable
- improved self-esteem

Agreed goal 2: Be healthier

- cutting down on energy drinks + increase fruit/veg
- start now and stay consistent
- my fitness pal app
- is realistic
- to improve health, and energy levels

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

- NO
- But may be referred to GP for ADHD medication if sleep continues to be poor

PLANNING GYM BASED EXERCISE

SESSION PLAN INTRODUCTION

Name of learner Freya Marshall
Name of assessor Jones Prosser
Venue LC Swansea gym
On-site First aider LC Staff Location of 1st aid kit Reception

AIM OF THE SESSION: learn how to use machines safely + effectively. get familiarised with gym equipment.

RESOURCES REQUIRED FOR THE SESSION:

- All equipment is provided at gym
- client doesn't require any other necessary equipment

SAFETY CONSIDERATIONS/RISKS RELEVANT TO THE SESSION*

- Outline fire exits
- where 1st aid / 1st aiders are
- client has nothing medically wrong that cause create risk
- client says they are confident but make sure to instruct + observe carefully to ensure correct technique is used to avoid injury.

Client fitness and skill level Average fitness level + confident in gym
Age of client 19 Male ☒ Female ☐ (Circle as appropriate)
Learner signature [Signature] Date 3/2/26
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.