



PAR – Q FORM

Physical Activity Readiness Questionnaire

All information in this form will be treated in the strictest confidence and shared only between Matt (**MADE IN THE MIND**) and client (as named below).

Personal Details:

Full name:

Telephone Number: Home:

Mobile:

Email:

Date of Birth:

Occupation & working hours:

Medical History:

Do you suffer from high/low blood pressure?

Yes ☐

No ☐

Are you a smoker, if so how many:

Yes ☐

No ☐

Please give details of any past or on-going illnesses/medical conditions:

Please give details of any broken bones, skeletal or muscular problems including: -

Are you on any medication: Yes ☐ No ☐

If yes, please give details:

If you have any other information you believe is relevant for your participation, please note here:



Nutrition:

Are you a: - Meat eater ☐ Vegetarian ☐ Vegan ☐

How often do you eat - red meat/chicken/fish per week?

How often do you eat your 5-a-day?

Do you take any supplements; if so, what are they?

Do you drink coffee, tea, herbals tea, how many per day?

How much water do you drink daily?

How many units of alcohol daily/weekly?

Do you have any allergies or food intolerances?

Do you snack during the day? If so, what do you like to snack on?

Are there any foods/drinks you specifically **WANT** included in your nutrition plan?

Are there any foods/drinks you specifically **DO NOT WANT** included in your nutrition plan?



Lifestyle:

What are your goals for the challenge? What are you looking to achieve?

How often do you feel stressed during the day?

What are your triggers/how do you manage this?

How many hours sleep do you usually sleep per night?

What is your motivation behind signing up for this Fitness Challenge?

Have you ever completed a Physical Challenge before? If so, what was it?

Do you have any ways to keep yourself motivated day to day? If so, what are they?