**Unit 3 Applying the Principles of Personal Training**

**Physical Activity Readiness Questionnaire (PAR-Q)**

It is important to collect medical information to screen an individual before they undertake a new training regime.

1. **Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Gender** |  | **Date of Birth** |  | **Age** |  |
| **Height** |  | **Weight** |  | **BMI** |  |

1. **Sporting Goals**

|  |  |
| --- | --- |
| **What are your short term goals over the next 4 weeks**  |  |
| **What are your medium term goals over the next 3 months?** |  |
| **What are your long term sporting/fitness goals over the next year/season?** |  |

**What is going to be the overall aim of your training programme?**

I am going to improve…

**What component of fitness are you going to target and what training method are you going to use to improve this?**

1. **Current Training Status**

|  |
| --- |
| **What are your training requirements? Please tick** |
| Muscular strength | Muscular endurance |
| Speed | Flexibility |
| Aerobic endurance | Power |
| Weight loss | Skill Related Fitness |
| Weight gain | Other (please state) |
| **How would you describe your current fitness status?** |  |
| **How many times do you train per week?** |  |
| **How long is each training session?** |  |

1. **Your Nutritional Needs**

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| --- |
| **On a scale of 1-10 (1 being very low quality and 10 being very high quality) how you rate your diet?** |
| **Do you follow any particular diet? Please circle****Yes/No (if yes, please tick which one)** | **Vegetarian****Vegan****Vegetarian but eat fish****Gluten Free****Dairy Free****Low Carbohydrate****Low Fat** |
| **Describe how often you eat.****What is your usual breakfast/lunch/dinner snack intake in a day?** |  |
| **Do you take any supplements? If yes, please state which ones** |  |

1. **Your Lifestyle**

|  |  |
| --- | --- |
| **How many units of alcohol do you drink in a typical week?** |  |
| **Do you smoke? Please circle** | **Yes/No** **If yes, how many a day?** |
| **Do you experience stress on a daily basis?** **If yes, what is the cause of this stress?** | **Yes/No** |
| **What techniques do you use to deal with stress?** |  |

1. **Physical Health**

|  |
| --- |
| **Do you suffer with/experience any of the following? Please tick** |
| **Back or joint pain** | **Ankle pain or injury** | **Knee pain or injury** |
| **Swollen joints** | **Shoulder pain or injury** | **Head injury** |
| **Nerve damage** | **Hip/Pelvic pain or injury** | **Other (please state)** |
| **If yes, please give details** |  |
| **Are any of these injuries/conditions made worse by exercise?** |  |
| **If yes, what in particular causes pain/discomfort?** |  |
| **Are you currently receiving any treatments for any injuries or conditions? If yes, please give details** |  |

1. **Medical History**

|  |
| --- |
| **Do you have, or have you had, any of the following medical conditions? Please tick** |
| **Asthma** | **Heart Problems** | **Bronchitis**  |
| **Diabetes** | **High blood pressure** | **Chest Pains** |
| **Epilepsy** | **Other (please state)** |
| **Are you taking any medication? If yes, please state what, how much and why** |  |

1. **Attitudes to training**

**Define motivation:**

**Intrinsic motivation:**

**Extrinsic motivation:**

**What are the benefits of motivation and self-confidence when successfully completing your training programme?**

**What type of motivation do you think will best work for you and why?**

**How motivated do you feel to begin a structured programme?**

**If motivated, what motivates you?**

**If you are not looking forward to training, why not and what do you think will help to motivate you?**

**Name: Signature:**

**Date:**

**Please describe below why it is important to screen an individual before starting a training programmes (what is the purpose of doing a PAR-Q beforehand?)**