



PAR-Q&YOU

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

YES NO
[Two columns of seven circles for marking answers]

- 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 feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

YES to one or more questions

If You Answered

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- > 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 activities you wish to participate in and follow his/her advice.
-> Find out which community programs are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- > start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
-> Take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- > If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
-> If you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: Mississippi State University and its agents assume no liability for persons who undertake physical activity and if in doubt when completing this questionnaire, consult your doctor prior to physical activity.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

Or GUARDIAN (for participants under the age of 18)

WITNESS \_\_\_\_\_

**Office use only:**

Date Received:

Date Contacted:

**Personal Training Client Profile**

For PATRON:

1. What package are you specifically interested in?  
\_\_\_\_\_

2. Do you wish to receive a phone call or email regarding personal training? Email \_\_\_\_\_ Phone \_\_\_\_\_

**Client Information:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Gender: Male Female

Student Faculty Staff Other \_\_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

What hours may we call? \_\_\_\_\_

**Personal Training Preferences:**

I prefer a: \_\_\_\_\_ Male Trainer \_\_\_\_\_ Female Trainer \_\_\_\_\_ No Preference

I prefer to be trained in: \_\_\_\_\_ the morning \_\_\_\_\_ the afternoon \_\_\_\_\_ the evening-time

Times available: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_

F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

**General Health History:** (please list problem and medication if applicable)

High Blood Pressure? Yes \_\_\_ No \_\_\_ High Cholesterol? Yes \_\_\_ No \_\_\_

Diabetes? Yes \_\_\_ No \_\_\_ Other? \_\_\_\_\_

Do you have any specific injuries that will prevent you from performing certain exercises?

Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Do you have a current exercise program? Yes \_\_\_ No \_\_\_

If so, what is your current exercise program:

Strength: \_\_\_\_\_ Cardio: \_\_\_\_\_ Flexibility: \_\_\_\_\_

**Please list three goals that you wish to achieve with your trainer:**

- 1.
- 2.
- 3.

Other Comments:

*You will be contacted by a personal trainer upon first availability that matches your schedule. If you have further questions, please email us at [fitness@saffairs.msstate.edu](mailto:fitness@saffairs.msstate.edu).*

**(PAR-Q to be completed on opposite side)**

## Basic Nutrition Assessment Form



Current Body Weight: \_\_\_\_\_ Desired Body Weight: \_\_\_\_\_

How long do you expect it will take to reach your desired body weight? \_\_\_\_\_

### **Current Eating Pattern**

(Include what you eat on a typical day, details related to dining out, portion sizes, convenience items, ect.)

Time of Day	Meal and Snack Details
Breakfast Time: _____	
Lunch Time: _____	
Dinner Time: _____	
Additional Meals Time: _____	
List any additional snacks	
List all drinks consumed throughout the day	

Do you follow any specific meal/diet plan? (keto, paleo, vegetarian/vegan, gluten-free, ect.) If so, please explain.

\_\_\_\_\_

Does your eating pattern change on weekends? If so, please explain.

\_\_\_\_\_

Do you eat fruit? Yes \_\_\_ No \_\_\_

If yes, how often? \_\_\_\_\_

Do you eat vegetables? Yes \_\_\_ No \_\_\_

If yes, how often? \_\_\_\_\_

Do you track your nutrition/exercise through a journal or phone app? Yes \_\_\_ No \_\_\_

If yes, please describe. \_\_\_\_\_

What time of day do you plan to exercise? \_\_\_\_\_

### **Nutrition Counseling Information**

One-on-one appointments with a Registered Dietitian are FREE for students, and available for a small fee to MSU staff, faculty, and outside members.

***\*\*CALL (662) 325-7539 to schedule!\*\****

Counseling topics include personalized macronutrient and calorie recommendations, meal planning and preparation, pre- and post-workout nutrition, grocery shopping, healthy snacks and meals, and chronic conditions such as heart disease and diabetes.

Dietitian's Contact Info: Taylor VanDyk, RDN, LD • (662) 325-7683 • tvandyk@saffairs.msstate.edu