

Stoix8/1V: EIGHT WEEK MULTISPORT TRAINING

Physical Activity Readiness Questionnaire (PAR-Q) and 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 much 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. If you are between the ages of 15 and 69, the PAR-Q 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.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

<p>If you answered:</p>	<p>YES to one or more questions</p>
	<p>Talk to 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.</p> <ul style="list-style-type: none"> 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.
	<p>NO to all questions</p>
<p>If you answered NO honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> 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. 	<p>Delay becoming much more active:</p> <ul style="list-style-type: none"> 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.
	<p>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.</p>

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Name: _____

Date: _____

Email: _____ Phone #: _____ Okay to Text in emergency? Y N

Emergency Contact Name: _____ Phone #: _____

DOB: _____ Age: _____ Ht: _____ Wt: _____

Occupational Questions:

What is your current occupation?

Does your occupation require extended periods of sitting?

Does your occupation require extended periods of repetitive movements? (If yes, please explain.)

Does your occupation require you to wear shoes with a heel (dress shoes)?

Does your occupation cause you anxiety (mental stress)?

Recreational Questions:

Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.)

Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.)

Medical Questions:

Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)

Have you ever had any surgeries? (If yes, please explain.)

Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)

Are you currently taking any medication? (If yes, please list.)

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

NAME _____ SIGNATURE _____ DATE _____

SIGNATURE OF PARENT _____ WITNESS _____

****Note:** This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes **invalid** if your condition changes so that you would answer YES to any of the seven questions.**

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S/B/R Goals/Assessment

How many days/week do you swim____, bike____, run____ on a regular basis (in the past 8-12 weeks+)?

What other types of cardio/cross training do you include on a regular basis?

What other types of exercise (i.e. yoga, stretching, physical therapy, cross-fit, strength training, etc...) do you include on a regular basis?

If you have had past injuries, discuss how they affect you before, during and after exercise, particular swim/bike/run. How do you manage this situation? (i.e. ice 20' with frozen peas, ibuprofen, rest, etc.)

What are your triathlon/cross training goals this year?

What are your goals for this 8 week session? (We will review these to make sure they are tangible, appropriate and in line with your goals for the year.) An example would be: ***"I want to work on maintaining my bike pace across 10 miles; I want my 5k tri split to be xx:yy; I want to feel comfortable swimming x00 yards."***

Describe your swim, bike run training in the past? (i.e. did you wing it, follow a plan from a magazine, work with a coach/friend, etc.)

At what pace do you run the following distances? 1 mile:_____ 5k:_____ 10k: _____

At what pace do you swim 100 yards? _____

Have you ever performed a time trial on your bike? _____ If yes, discuss distance/results.

How do you plan/track your weekly, monthly and annual training? Have you ever participated in a structured, progressive run training program?

What do you consider to be your fitness/performance strengths? Weaknesses

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