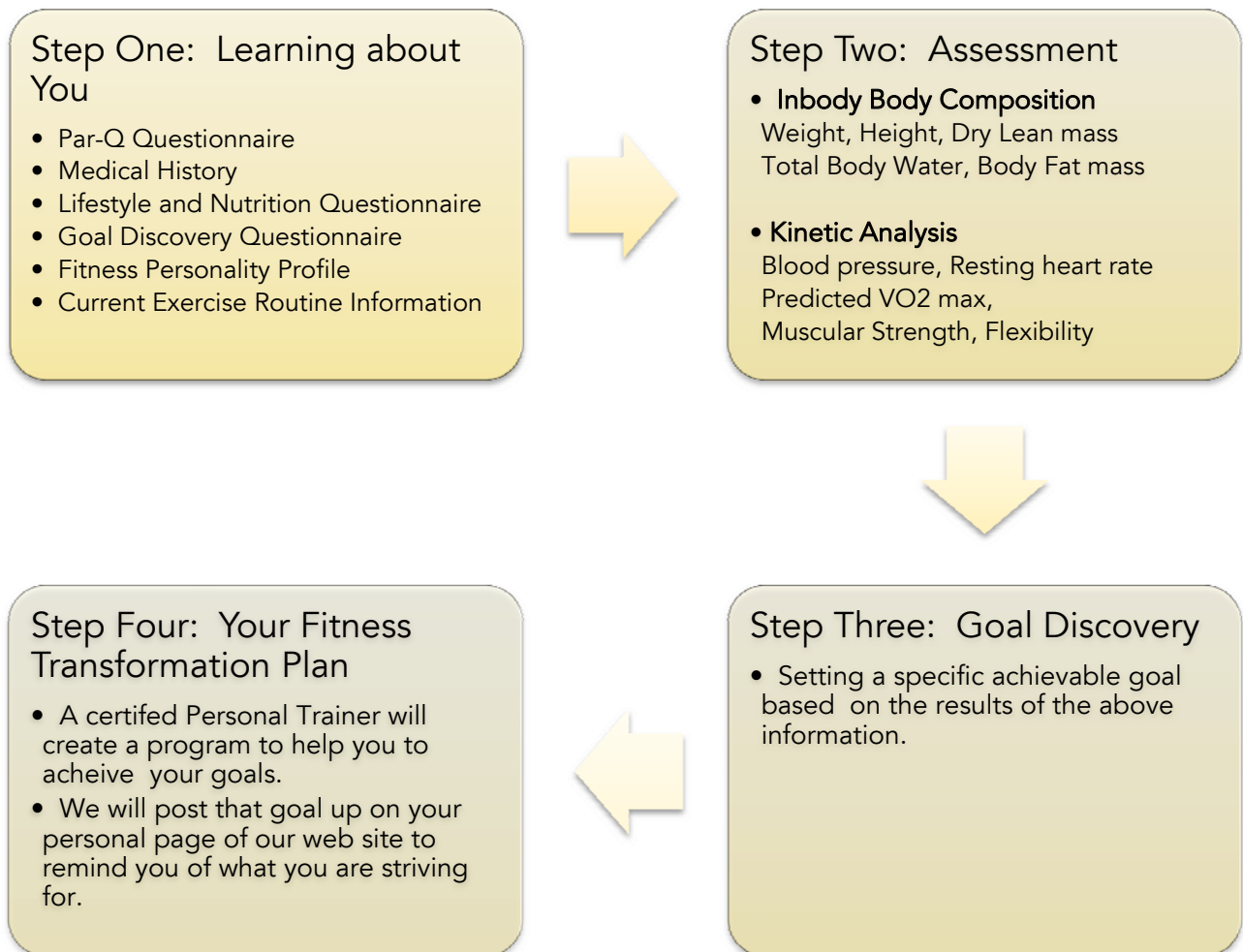


Member: \_\_\_\_\_

Congratulations on becoming an eMbody Fitness Member! We want to help you identify and achieve your health and fitness goals. Regardless of whether you want to lose weight, complete a marathon, play hockey again or find an oasis of physical release in a hectic world, we will work together to determine your starting point, uncover what you dream to achieve and provide you with the most efficient and enjoyable way for you to reach your goals.

The Personal Fitness Coaching process at eMbody uses a science based assessment to determine your current fitness level and our unique goal setting process to help determine your path.



Thank you for taking the time to complete the following questionnaires as honestly as possible. Please bring the forms to your Personal Fitness Coaching Session.

*If you can imagine it, you can achieve it. If you can dream it, you can become it.*

## Par-Q Screening Questionnaire

# PAR-Q & YOU

**(A Questionnaire for People Aged 15 to 69)**

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: check YES or NO.

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

**If  
you  
answered**

**YES to one or more questions**

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.

**NO to all questions**

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.

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

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

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.**

## My Lifestyle Experience

Occupation:

Hours worked per week: \_\_\_\_\_

Describe your energy levels (indicate with "x").	Good	Medium	Poor
• In the morning:			
• In the afternoon:			
• In the evening:			
Rate your stress level: (indicate with "x")	Low	Moderate	High

What factors contribute to your stress?

What do you do to relieve stress?

Have you participated in a diet/nutrition program? \_\_\_ Did you achieve your goal(s)? \_\_\_ Was it permanent? \_\_\_

Do you consider yourself to be overweight? Yes  No  If so, how far away are you from your ideal weight?

I eat to live?  I live to eat?

	How Often?			
	Always	Usually	Occasionally	Never
Use a computer or watch TV more than 3 hours per day				
Eat home-prepared meals				
Take daily vitamins or supplements				
Drink 8 glasses of water per day (_____/day)				
Eat breakfast (number of meals per day _____)				
Limit foods high in saturated fats and cholesterol				
Consume foods high in Omega fats				
Drink decaffeinated beverages (_____/day)				
Avoid/Reduce Coffee Intake				
Avoid/Reduce Alcohol Intake				
Smoke (cigarettes per day _____)				
Minimum of 6 hours of sleep (average _____day/nt)				
Follow a regular exercise program ( _____ /week)				
Experience digestive issues?				

## My Medical History

ALLERGIES	
Food	Drug
•	•
•	•
•	•

PAST/CURRENT MEDICAL HISTORY					
Past	Current	Disease	Past	Current	Disease
		Anemia			Kidney Disease
		Eating Disorder			Liver Disease
		Anxiety/Depression			Metabolic Syndrome
		Arthritis/Rheumatoid Arthritis			Migraine Headaches
		Asthma/COPD			Tension Headaches
		Bleeding Disorder			Osteoporosis
		Cancer (Type: _____)			Cholesterol/Triglycerides
		Hepatitis			Diabetes
		Glaucoma			Gastroesophageal Reflux (GERD)
		Gout			Seizure Disorder
		Heart Disease/Angina			Sleep Apnea or Other disorder
		Heart Arrhythmia			Stroke
		High Blood Pressure			Swelling of Legs
		Ulcers			Thyroid Disease
		Circulatory Disorder			Other:

SURGICAL HISTORY	
Surgery Type	Year
•	•
•	•
•	•

CURRENT MEDICATIONS INCLUDING OVER THE COUNTER AND DIETARY SUPPLEMENTS	
•	•
•	•
•	•
•	•

HEALTH CARE PROVIDERS		
Name	Specialty	Telephone
1.		
2.		
3.		

May we communicate with your above-mentioned health care providers?  Yes  No

## Goal Discovery

Please rate how important each of the following health and fitness goals are to you

My goals:	Not at all Important	Somewhat Important	Very Important
Lose weight/gain weight			
Feel better about myself			
Have more energy			
Feel healthier			
Improve an existing health condition. Please specify:			
Build muscle			
Reshape or tone my body			
Improve performance in a sport/activity:			
Rehabilitate an injury or surgery. Please specify:			
Simply enjoy some ME time			
Improve ability to cope with stress			
Increase muscle strength/endurance/power			
Improve concentration/focus			
Increase flexibility			
Increase my nutritional knowledge			
Meet new friends at the club			

Please check any activity that you would like to participate in or find out more about.

Activity	Sign Me Up!	Tell me More...
Participate in a fund raising athletic event (run, walk or cycle)		
Sport specific fitness and training		
Adventure travel (eg. climb a mountain)		
Social activities – running, bike, triathlon group		
Group fitness classes		
12 Week Programs - Activate, Reshape, eMpower, Vitality		
Small group personal training – such as Gravity, TRX or Cardio Tread		
Personal Training		

## My Fitness Personality Profile

	Describes me to a 'T'	Describes me somewhat	Does not describe me at all
Being in a group of people is very energizing for me.			
I rely on instructors and trainers to help motivate me.			
I do not feel the need to work out to the point of exhaustion.			
I enjoy a very intense workout. It's been a great workout if I'm drenched.			
I am very good about staying motivated on my own. I don't need someone to help me.			
I enjoy the camaraderie aspect of sports activities and working out.			
I prefer activities that allow me to work out at a relaxed and comfortable pace.			
I am the type of person who sticks with an exercise program just fine without help from others.			
I like to mentally zone out while I am exercising. I don't want to think too hard.			
The greater the adrenaline rush, the more enjoyable the activity. I am a thrill seeker.			
I believe in the mind/body connection and the importance of being mentally engaged when I exercise.			
I feel intimidated to join a class or use a piece of equipment that I'm unfamiliar with even if it seems like something I'd enjoy.			
I get bored easily and must switch activities or I tend to dropout.			
I like participating in physical activities that require me to concentrate and be mentally alert.			
I am more likely to stick with a program if someone is looking over my shoulder keeping track of what I do.			
I respond better to a drill sergeant helping me reach my goals.			
I would prefer a cheerleader type to help me reach my goals.			
I just want someone to tell me exactly what to do when I'm exercising.			
It's not personal but I just like to do my own thing when I work out and not interact with others.			

## My Current Fitness Routine

Fitness Activity	How Many Times per Week?	When?
Cardio Exercise	1 2 3 4 5	Morning Midday Evening
Strength Training	1 2 3 4 5	Morning Midday Evening
Personal Training	1 2 3 4 5	Morning Midday Evening
Walking	1 2 3 4 5	Morning Midday Evening
Running/Jogging	1 2 3 4 5	Morning Midday Evening
Yoga	1 2 3 4 5	Morning Midday Evening
Pilates	1 2 3 4 5	Morning Midday Evening
Cycling	1 2 3 4 5	Morning Midday Evening
Boot Camp Training	1 2 3 4 5	Morning Midday Evening
Sports	1 2 3 4 5	Morning Midday Evening
Stretching	1 2 3 4 5	Morning Midday Evening
Home Exercise Videos	1 2 3 4 5	Morning Midday Evening
Other	1 2 3 4 5	Morning Midday Evening
I'm just getting started!	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Comments: