

# MADE IN THE MIND



## 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:

Height:

Weight:

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:

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## 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?

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## Lifestyle:

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

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? If not, how do you think you can create new ways? List below.

What does 'peak' physical health and wellbeing look like to you? Describe in as much detail as possible.