



EDGE BODY
BOOT CAMP

DATE: _____

NOTES: _____

FITNESS ASSESSMENT QUESTIONNAIRE

BODY FAT % _____ Height _____ Weight _____ BIRTHDATE _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY, STATE _____ ZIP _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

PHYSICAL ACTIVITY READINESS

PHYSICAL ACTIVITY SHOULD NOT BE HAZARDOUS FOR MOST PEOPLE. THE PAR-Q HAS BEEN DESIGNED TO IDENTIFY THOSE INDIVIDUALS WHO SHOULD SEEK MEDICAL ATTENTION PRIOR TO BEGINNING A PHYSICAL FITNESS PROGRAM.

(PLEASE CIRCLE)

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|--|----------|----------|
| 1. DO YOU HAVE HIGH CHOLESTEROL? | YES | NO |
| 2. HAS YOUR DOCTOR EVER SAID YOU HAVE HEART TROUBLE? | YES | NO |
| 3. DO YOU FREQUENTLY HAVE HEART AND/OR CHEST PAINS? | YES | NO |
| 4. HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAVE A BONE OR JOINT PROBLEM (E.G., ARTHRITIS) THAT HAS BEEN OR MAY BE EXACERBATED BY PHYSICAL ACTIVITY? | YES | NO |
| 5. DO YOU OFTEN FEEL FAINT OR HAVE SPELLS OF SEVERE DIZZINESS? | YES | NO |
| 6. HAS YOUR DOCTOR EVER TOLD YOU THAT YOUR BLOOD PRESSURE IS TOO HIGH? | YES | NO |
| 7. HAVE YOU HAD SURGERY IN THE PAST 6 MONTHS? | YES | NO |
| 8. ARE YOU PREGNANT? | YES | NO |
| 9. ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS? | YES | NO |
| 10. HAVE YOU SMOKED OR USED ANY NICOTINE PRODUCTS IN THE PAST 30 DAYS? | YES | NO |
| IF YES, HOW MUCH PER DAY? | 1/2 PACK | 2 PACKS |
| | 1 PACK | 3+ PACKS |
| 11. HAVE YOU CONSUMED ALCOHOL IN THE PAST 30 DAYS? | YES | NO |
| IF YES, HOW MANY PER WEEK? | 1 to 5 | 11 to 15 |
| | 6 to 10 | 15+ |
| 12. IS THERE ANY REASON, NOT MENTIONED, THAT WOULD NOT ALLOW YOU TO PARTICIPATE IN A PHYSICAL FITNESS PROGRAM? | YES | NO |

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE INITIAL AND ANSWER THE FOLLOWING:

HAVE YOU CONSULTED AND/OR WILL YOU CONSULT YOUR PHYSICIAN REGARDING AN INCREASE IN PHYSICAL ACTIVITY AND/OR RECEIVING A FITNESS EVALUATION OR FITNESS PROGRAM? YES NO