Physical Readiness Questionnaire (PARQ)

1. Have you ever experienced manual muscle testing, or any therapy/treatment that assesed your muscular system? (Physical Therapy, Massage, Rolfing, A.R.T., etc.) If so, what was your experience with it?
2. Can you recall any specific injuries in your life where a bone was broken or dislocated/subluxed, a ligament, tendon or muscle was strained or torn, or a joint sprained or abnormally swollen? If yes, please describe.
3. How active are you each week? Measured in intentional exercise, times performed, duration of time and the level of intensity (High, High to Moderate, Moderate, Moderate to Light or Light)
4. If applicable, how do you feel after your workouts or intentional activities? Please note your level of soreness, the symmetry of that soreness (i.e. does it feel the same on both sides of your body) and how long it lasts and how energized immediately after the workout.)
5. Are there any specific motions or positions in your daily activity (sport, workouts or work) that are hard to maintain, that create a level of discomfort, are difficult to perform repeatedly or even perform at all?
6. Do you wear orthotics, or shoe inserts in any of your foot attire and do you consistently use them? Please list the intention behind their use and how you were outfitted for them (were you assessed from a static position or were you moving?).
7. Do you wear shoes with a moderately high to very high heel? If so, how long do you wear them and what do you do in them. Also, please describe how you feel after wearing them.
8. How much water do you drink in a day (cups/liters) and what percentage of your intake is not water? Describe.
9. Do you feel that you maintain a healthy diet? (Please provide some detail of a typical day with liquids and solids)
10. Do you consume alcohol? (How many drinks per day/week)
11. Do you smoke cigarettes or have you in the last five years? (list frequency and quantity)
12. Do you sleep 6-8 hours a day (including naps)?
13. How would you view your sleep quality—broken and erratic where you wake up tired, solid and deep waking up refreshed, or something in-between?
14. Are you taking any medications or have recently stopped within the last 5 years (over the counter or prescription)? If yes, please list their full name, their potential side effects, how long you have taken them and what the intention of taking the medication is.
15. Without providing intimate details, how emotionally stressed do you feel your life is? High, High to Moderate, Moderate, Moderate to Light or Light? Expound if you would like:
16. Do you currently have a doctor, chiropractor, osteopath, physical therapist, or some other type of therapist? If so, could you provide his or her information so I can maintain open communication on what it is we are working on together?
17. What is the best way you learn information? (Auditory-listening, Kinesthetic-hands on, or Visual-you need to see models or material related to the topic)
18. What is the most important thing you want as an outcome by seeing me as a personal trainer and muscular specialist?