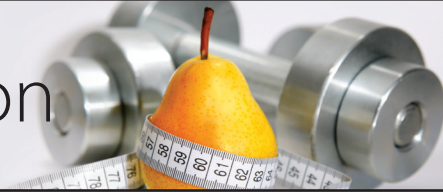


TRYMGYM Application



It is imperative that you bring your completed application to your initial consultation.

Name: _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

E-mail address: _____ Age: _____ Gender: M F

Physician: _____ Clinic: _____

Ages of children (≤ 18 years of age) if still living at home: _____

Occupation: _____

How did you hear about TRYMGYM? (check all that apply)

Media: Doctor: Friend/Relative: Co-worker: Other: _____

Weight History

Do you believe you are currently at a healthy weight? Yes No

List your highest adult (> 18 yr) weight (other than pregnancy): _____ lbs At age: _____

List your lowest adult (> 18 yr) weight: _____ lbs At age: _____

Age at onset of puberty? _____ years

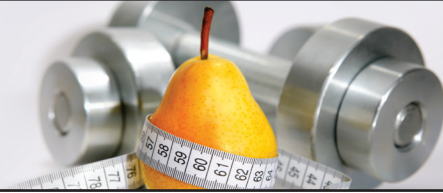
When did you start gaining weight? At age: _____

What could be some reasons for your weight gain? (Please check all that apply)

Stress Medical Other Specific event: _____

How many weight loss attempts have you made in the past? (Please check only one option)

zero one two to four five or more



Eating and drinking habits

How many meals do you eat each day? _____

Which meal(s) are you likely to miss? _____

List time of eating meals: Breakfast _____ Lunch _____ Dinner _____

Do you snack? Yes No

If yes, when?

early morning mid-morning mid-afternoon evening right before bed

List typical snack choices:

Do you binge eat? Yes No If yes, what triggers a binge? _____

Are you currently trying to lose weight? Yes No

If yes, what are you doing? _____ For how long? _____

Are you on special diet? Yes No If yes, what diet? _____

For what reason? _____

Do you drink milk? Yes No What kind? _____ How much each day? _____

If no, are you lactose intolerant? Yes No If no, do you eat other dairy products, list: _____

Do you take a calcium supplement Yes No Name: _____

Dosage: _____

Do you take other supplements? Yes No Name: _____

How often do you eat out? Number of times/week _____

List restaurant choices: _____ Number of times/week ____ or

_____ Number of times/month _____

How often do you order in? _____ Number of times/week ____ or

_____ Number of times/month _____

Who does the grocery shopping? _____

Who does the food preparation? _____

Do you drink alcohol? Yes No Ex-drinker

If yes, what type and how much:

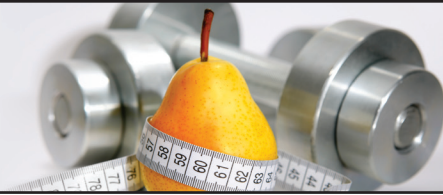
_____ drinks per day OR _____ drinks per week OR _____ drinks per month

Do you drink coffee?

Regular: Yes No How much per day? _____ Decaf: Yes No How much per day? _____

Do you smoke? Yes No Ex-smoker

Any other comments: _____



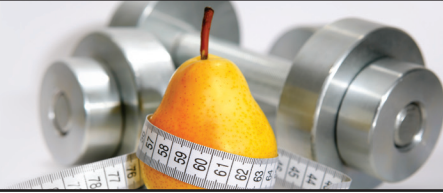
We ask that you complete a three day baseline eating and activity record, which includes one weekend day. The Dietitian will use this information to prepare your individual guidelines to healthy eating. Please write down EVERYTHING you eat and drink, and indicate the serving size.

Name: _____

Baseline eating and activity record - DAY 1

Name: _____ Day of the week: _____

TIME	FOOD/DRINK TAKEN	SOCIAL	WHERE EATEN	MOOD BEFORE EATING	ACTIVITY WHILE EATING
	* Food/ beverage consumed * Description or type * Amount	with others or alone	i.e. kitchen, living room, restaurant	i.e. anxious, sad, happy, angry, bored	i.e. watching TV, reading, driving
HOURS OF SLEEP	PHYSICAL ACTIVITY (include type & time spent doing activity in minutes)				



After completing the three day food record, examine your eating and activity habits and answer the following questions. This will help you become more aware of your present lifestyle behaviors. **AWARENESS** is the first step in making any changes.

Are these days typical? Yes No

If no, please explain. _____

Do you engage in other activities while eating or drinking? Yes No

If yes, what? _____

Do you skip meals? Yes No

If yes, which meals? _____

Can you identify problems of overeating with mood? Yes No

If yes, what moods? _____

Do you eat or drink often during the day? Yes No

Do you feel you eat when you are not hungry? Yes No

If yes, on what occasion(s)? _____

Do you tend to eat/drink more towards the end of the day? Yes No

Are you generally physically active during the day? Yes No

If yes, circle which one WORK/RECREATION

Do you feel that you overeat? Yes No

Do you engage in regular physical activity at least 3-4 times/week? Yes No

If yes, what? _____

Do you eat in many different places during the day? (e.g. home, work, car, etc.) Yes No

Please list places... _____

Do you feel you get enough sleep? Yes No

Comments: _____

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. 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 (for example, back, knee or hip) 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?

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.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"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 _____

or GUARDIAN (for participants under the age of majority)

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.



PAR-Q & YOU

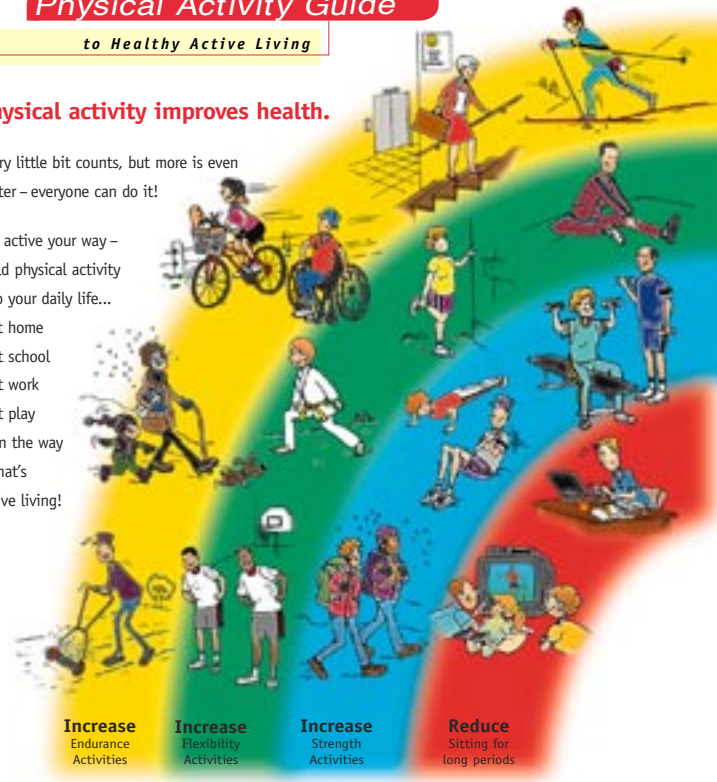
CANADA'S  **Physical Activity Guide**
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



- Increase** Endurance Activities
- Increase** Flexibility Activities
- Increase** Strength Activities
- Reduce** Sitting for long periods

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
60 minutes	30-60 minutes	20-30 minutes		
<ul style="list-style-type: none"> • Strolling • Dusting 	<ul style="list-style-type: none"> • Light walking • Volleyball • Easy gardening • Stretching 	<ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics 	<ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing 	<ul style="list-style-type: none"> • Sprinting • Racing
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity: Health risks of inactivity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |
|--|--|



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Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. **J. Clin. Epidemiol.** 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). **Can. J. Spt. Sci.** 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



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