



**Participant Pre-Survey** - Please answer all questions to the best of your knowledge. We will use this information to help you accomplish your fitness goals and track your progress.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs. ZIP CODE: \_\_\_\_\_

EMERGENCY CONTACT NAME &amp; NUMBER: \_\_\_\_\_

## Physical Activity Readiness Questionnaire

**YES NO**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
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?
6. Is your doctor currently prescribing medication for your blood pressure or a heart condition?
7. Do you know of any other reason why you should not do physical activity?

*If you answered 'Yes' to any of the above questions: Talk with your doctor by phone or in person BEFORE you start becoming much more physically active. 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.*

## Physical Activity Background & Goals

How many minutes per week are you physically active (walking, sports, dance, Warriors classes, etc)?

- 0 minutes/week       1-30 minutes/week       31-60 minutes/week       61-90 minutes/week
- 91-120 minutes/week       121-150 minutes/week       150+ minutes/week

**Rate your current levels of physical fitness on a scale of 1 (very low) to 5 (very high) by circling a number below.**

	Very low	Low	Average	High	Very high
Energy Level:	1	2	3	4	5
Level of Flexibility:	1	2	3	4	5
Level of Strength:	1	2	3	4	5
Level of Cardio Endurance:	1	2	3	4	5

**Do your goals include any of the following? Please check all that apply.**

- Lose weight for health reasons       Feel confident exercising in front of others
- Reduce the amount of medications I currently take       Be knowledgeable about physical fitness
- Reduce stress       Have a positive outlook on life
- Improve my ability to function in my daily activities and tasks

## How did you hear about the Fitness Warriors class?

- Warriors Facebook       Warriors Instagram       Paper Materials       Other: \_\_\_\_\_
- Warrior Instructor       Community Events       Radio      \_\_\_\_\_
- Word of Mouth       Sports Backers Website       Physician/Doctor      \_\_\_\_\_

*Please use the back of this page to share any additional information with your Fitness Warrior.*