

Minor Participant Pre-Survey

Thank you for participating in a Fitness Warriors Class! We'd love to hear from you. Please take a moment to answer the questions below. All of the following questions are voluntary. This data may be used in our Annual Report. Return the completed survey to your fitness instructor.

Name _____ Age _____ Date _____

Height _____ ft. _____ in. Weight _____ lbs. Zip Code _____

Emergency Contact Name & Number _____

Please check one or more of the following groups in which you consider yourself to be a member.

- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Middle Eastern or North African
- ☐ Prefer to identify as _____
- ☐ Prefer Not To Answer

I prefer to identify as:

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to answer

Physical Activity Readiness Questionnaire

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and 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 medication for your blood pressure or a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 and Background

This is to be completed by the **child** with help from the parent/guardian.

How often do you exercise?

Not often



Sometimes



Very Often



How much energy do you have?

Not much energy



Some energy






A lot of energy






Continues on back




How flexible are you?

Not very flexible	Sort of flexible	Very flexible
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

How strong are you?

Not very strong	Sort of strong	Very strong
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

How much endurance do you have (how long before you are out of breath)?




Not much endurance	Medium endurance	Lots of endurance
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

Goals




Check all that apply. This is to be completed by the **child** with help from the parent/guardian.

Do you want to:




Make new friends in your Fitness Warriors Class?

No!	I don't care!	Yes!
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>


Learn new ways to stay active?

No!	I don't care!	Yes!
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>




Be more confident exercising in front of others?

No!	I don't care!	Yes!
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

Have fun in the Fitness Warriors class?

No!	I don't care!	Yes!
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

Be more active outside of class?

No!	I don't care!	Yes!
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

Thank you for your participation!

If you would like to provide additional feedback, please feel free to contact us at:
804-285-9495 or rvafitnesswarriors@gmail.com



FITNESSWARRIORS