



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 & 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

- ☐ ☐ 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

Continues on back

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

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

How did you hear about the Fitness Warriors class?

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Warriors Facebook | <input type="checkbox"/> Warriors Instagram | <input type="checkbox"/> Paper Materials | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Warrior Instructor | <input type="checkbox"/> Community Events | <input type="checkbox"/> Radio | _____ |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Sports Backers Website | <input type="checkbox"/> Physician/Doctor | _____ |

Would you like to share any additional information with your Fitness Warrior?