INSTRUCTOR'S NAME: _____

FITNESSWARRIORS

New Participant Questionnaire - 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: _____in. WEIGHT: _____lbs. ZIP CODE: _____

EMERGENCY CONTACT NAME & NUMBER: _____

Physical Activity Readiness

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 heath 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 do you currently exercise (walking, sports, other activities)?

☐ 0-30 minutes/week ☐ 30-60 minutes/week ☐ 60-90 minutes/week

☐ 90-120 minutes/week ☐ 120-150 minutes/week ☐ 150+ minutes/week

Please consider your current levels of physical fitness in the following areas and rate them on a scale of 1 (*low*) to 5 (*high*) by *circling* a number below:

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 *circle* yes or no:

I would like to lose weight for health reasons:	Yes	No
I would like to reduce the amount of medications I currently take:	Yes	No
I would like to reduce stress and elevate and stabilize my mood:	Yes	No
I would like to improve my ability to function in my daily activities and tasks:	Yes	No

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