

Name _____ Date _____

Please take a few minutes to answer the following questions which will enable us to determine how we can best support you in achieving your goals.

1. Please check the statement that best describes you.

- I have not been physically active for the past 6 months, and feel I would benefit from assistance in achieving my goals.
- I have not been physically active for the past 6 months, but do not feel I need assistance in achieving my goals.
- I have been physically active for 6 months or more, but feel I would benefit from assistance in achieving my goals.
- I have been physically active for 6 months or more, I know what my goals are and do not need assistance in achieving them.

2. If you could choose ONE goal as your highest priority, which would it be?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Balance/agility | <input type="checkbox"/> Endurance training | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Stress reduction | <input type="checkbox"/> Energy | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Body sculpting/toning | <input type="checkbox"/> Body building | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ |

3. Please check the statement that best describes the progress you have made toward achieving this goal?

- I have not taken any steps toward achieving this goal, and do not plan to within the next 6 months.
- I intend on taking steps toward achieving this goal in the next 6 months.
- Although I have taken some small steps toward achieving this goal, I am planning on taking action and changing my behavior within the next 30 days.
- Within the past 6 months, I have been actively changing my behavior.
- I have achieved this goal and sustained my behavior change for more than 6 months.

4. What are you willing to do now to achieve and/or sustain this goal? (Check all that apply)

- Make a reasonable time commitment to work on this goal.
- Work with a personal trainer or health coach.
- Explore ways to develop and strengthen healthy habits.
- Make changes in my home and work environments that support my progress.
- Learn more about health and wellness.

5. What can we do to help you achieve this goal? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Provide one-on-one support | <input type="checkbox"/> Provide resources and education |
| <input type="checkbox"/> Connect me with people with similar goals | <input type="checkbox"/> Other _____ |

6. How do you prefer to exercise? (Check ONE)

- In a group
- With a trainer, one-on-one
- On my own

7. How would you prefer to be contacted?

- By phone _____
- By E-mail _____

Participant Activity Readiness Questionnaire

WELL**START**

Name _____	Date _____
Club location _____	
Member # _____	
Phone (day) _____	Phone (evening) _____
E-mail _____	Date of birth _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.

- | | | |
|---|-----|----|
| 1. Has your doctor ever said you have a heart condition? | Yes | No |
| 2. Do you have pains in your heart or chest? | Yes | No |
| 3. Do you ever feel faint or have spells of severe dizziness? | Yes | No |
| 4. Do you have high blood pressure? | Yes | No |
| 5. Do you have orthopedic or joint problems that could be aggravated by exercise? | Yes | No |
| 6. Are you 65 or over, and not accustomed to vigorous exercise? | Yes | No |
| 7. Do you have diabetes? | Yes | No |
| 8. Are you taking medications that might alter your response to exercise? | Yes | No |
| 9. Is there a physical reason why you shouldn't follow an exercise program even if desired? | Yes | No |
| 10. For women: Are you pregnant? | Yes | No |

If you answered "yes" to any of the questions 1-10, you MUST consult a physician prior to your fitness evaluation and fitness program design.

I, _____, certify that this information is complete and accurate to the best of my knowledge.

Member Signature _____ **Date** _____