

FIT-WELL PERSONAL TRAINING PROGRAM APPLICATION

Phone	Date			Name								
Have you worked with an SRC Personal Trainer before? Yes No If yes, what trainer did you work with? Do you prefer a male or female trainer? Male Female No Preference Specific Trainer Requested? List Name(s) Have you currently been exercising for at least 30 mins/day, 3 days/week, at a moderate intensity for the last 3 months? Yes No What are your current fitness goals (please be as specific as possible)? Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the package Sessions you may be interested in purchasing: Below, please select the packages/sessions you may be interested in purchasing: Below, please select the package Sessions you may be interested in purchasing: Below, please select the packag	Phone			Email								
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Do you prefer a male or female trainer? Male Female No Preference Specific Trainer Requested? List Name(s) Have you currently been exercising for at least 30 mins/day, 3 days/week, at a moderate intensity for the last 3 months? Yes No What are your current fitness goals (please be as specific as possible)? Below, please select the packages/sessions you may be interested in purchasing: Fitness Session (1-hour) (\$20/session) Number of Sessions: Name of Buddy: Starter Fitness Package (\$100.00) Ultimate Fitness Package (\$220.00) Comprehensive Fitness Assessment (\$20.00) Fitness Consultation (\$15.00) Health Assessment (\$15.00) **Please find detailed descriptions of packages and trainer profiles on our website at www.rrcc.edu/src** When are you available to train (check all that apply - please be as flexible as possible)? Sunday Monday Tuesday G:30am-8am 8am-10am 8am-10am 8am-10am 8am-10am 12pm-2pm 12pm	Have you work	ked with an SRC	Personal Train	er before?	☐ Yes ☐ No							
Have you currently been exercising for at least 30 mins/day, 3 days/week, at a moderate intensity for the last 3 months? Yes No No What are your current fitness goals (please be as specific as possible)? Below, please select the packages/sessions you may be interested in purchasing: Fitness Session (1-hour) (\$20/session) Number of Sessions:	If yes, what tra	iner did you wo	ork with?									
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Yes No What are your current fitness goals (please be as specific as possible)? Below, please select the packages/sessions you may be interested in purchasing: Fitness Session (1-hour) (\$20/session) Number of Sessions: Name of Buddy:	Specific Traine	r Requested? l	_ist Name(s)									
Below, please select the packages/sessions you may be interested in purchasing: Fitness Session (1-hour) (\$20/session)	moderate inte	nsity for the las	t 3 months?	□Yes □I	No	at a						
Fitness Session (1-hour) (\$20/session) Number of Sessions:	What are your	current fitness	goals (please l	be as specific a	s possible)?							
Fitness Session (1-hour) (\$20/session) Number of Sessions:												
Buddy Session Package (Varies) Starter Fitness Package (\$100.00) Comprehensive Fitness Assessment (\$20.00) Health Assessment (\$15.00) *Please find detailed descriptions of packages and trainer profiles on our website at www.rrcc.edu/src* When are you available to train (check all that apply - please be as flexible as possible)? Sunday 10:30am-12pm 12pm-1pm 12pm-1pm 1pm-3pm 1pm-3pm 1pm-3pm 1pm-3pm 1pm-3pm 1pm-3pm 1pm-4pm 1pm-4pm 1pm-6pm 1pm-6pm 1pm-6pm 1pm-6pm 1pm-6pm 1pm-6pm 1pm-6pm 1pm-6pm 1pm-9pm 1pase submit this form to the Student Recreation Center email, src@rrcc.edu (OR) please complete and drop this form off at the Student Recreation Center Service Desk.	Ве	low, please sel	ect the package	es/sessions you	may be interes	sted in purchas	ing:					
Starter Fitness Package (\$100.00) Ultimate Fitness Package (\$220.00) Comprehensive Fitness Assessment (\$20.00) Fitness Consultation (\$15.00) #Please find detailed descriptions of packages and trainer profiles on our website at www.rrcc.edu/src * When are you available to train (check all that apply - please be as flexible as possible)? Sunday Of the standard Of t	☐ Fitness Sessi	on (1-hour) (\$2	20/session)	Number of S	essions:							
Comprehensive Fitness Assessment (\$20.00)	☐ Buddy Session	on Package <i>(Va</i>	ries)	Name of Bud	ldy:							
Health Assessment (\$15.00) *Please find detailed descriptions of packages and trainer profiles on our website at www.rrcc.edu/src* When are you available to train (check all that apply - please be as flexible as possible)? Sunday G:30am-8am G:	☐ Starter Fitne	ss Package (\$10	00.00)	☐ Ultimate	e Fitness Packa	ge (\$220.00)						
Please find detailed descriptions of packages and trainer profiles on our website at www.rrcc.edu/src When are you available to train (check all that apply - please be as flexible as possible)? Sunday Monday G:30am-8am G:30a	☐ Comprehens	sive Fitness Asse	essment (\$20.0	O) 🗆 Fitness	Consultation (\$	15.00)						
When are you available to train (check all that apply - please be as flexible as possible)? Sunday Outside the structure of	☐ Health Asses	ssment (\$15.00))									
Sunday 10:30am-12pm	*Please fir	nd detailed descr	iptions of packag	ges and trainer p	rofiles on our we	bsite at <u>www.rrc</u>	c.edu/src*					
Sunday 10:30am-12pm	Mhon ara yay	available te tra	نطفاله باموطور منا	at annly nlass	a ha aa flawihla	a a passible\2						
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☐ 6pm-9pm ☐ 6pm												
Please submit this form to the Student Recreation Center email, src@rrcc.edu (OR) please complete and drop this form off at the Student Recreation Center Service Desk.						⊔ 4pm-/pm						
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NOTE: Payment for personal training session(s) will ONLY be made once client has successfully completed an	NOTE: Payme	ent for personal	training session	(s) will ONLY be	made once clien	t has successfull	y completed and					

Fitness Coordinator Use Only

Date of paperwork received ______ Date contacted ______

Date client was placed _____ Name of Trainer ______

Student Recreation Center Personal Training Program Registration & Waiver Form

Please print legibly or type belo	w:			
Name:		Phone		
Mailing Address:				
Stree	t	City		Zip Code
Email Address:			S-Number:	
Date of Birth:	Age:		Gender:	
Emergency Contact:			Phone:	
** Credit Cards (Visa, MasterC	ard, American Express, Discov	ver) are accept	able forms of payment. NO	CASH WILL BE ACCEPTED! **
documents will be confidential be The personal trainer must be not session is missed (no call, no sho Every client is given (1) excusal call, no show to a training sessio With advanced notice, participar continue for the duration of the send at 2pm – it will not be exten The personal trainer will wait up count session as a no-call, no-she Clients are to meet the personal be on RRCC campus) has been a Note: The 'Ultimate Fitness Pact from purchase date; Clients may not share personal to Refunds are provided on a case-left Refunds are provided on a case-left Refunds are provided on a case-left participant in the SRC Personal Each participant in the SRC Personal participant to participate only in those and instructed by the personal trainer) any personal trainer. The College also the activity.	s) waiver, a complete health are tetween the Fitness Coordinate ified at least 24 hours in advance by the participant will be char for either notifying their person; at that show up late to a session cheduled session (i.e. if training ded to 2:15pm); to 15 minutes (without prior row; trainer at the SRC Membership agreed upon between client and kage' has a specific expiration raining sessions with other SRC by-case basis. Refunds are only interest of the session of the coordinate of the coordin	or, personal trainer or, personal trainer defor cancella reged for the seconal trainer with the seconal trainer with the seconal trainer with the seconal seconal seconal deformation of the seconal deformation o	iner and the client. ations; if notification is not ission missed; h less than 24 hours' advance at 1pm and client show and client session (s). To cheduled appointment time rainer. from purchase date). All consessions/percent of package pation in Recreational are substantial risks, hazards ident and health insurance it e skills, qualifications, prin any respect the compete the physical condition or epartment, the undersigned	and Programed Activities s, and danger inherent in such training. policy. It is the responsibility of each eparation, and training (as determined ence or mental or physical condition of any equipment used in connection with
CTLIDEN	Release, Cover	nant Not to Su	e, and Waiver	CENITED
sole consideration of Red Rocks Comconnection with which the College har release, covenant not to sue, and forev ("SBCCOE" or "Board"), Red Rocks of any and for all claims, demands, rigand personal injuries, damage to proprograms and activities. I understand	munity College allowing the uses made available any equipment of color Community College ("RRCC" ghts, and causes of action of well werty, and the consequences the that this Release, Covenant Norwhich I participate. By signing	andersigned to ent, facilities, g orado, State Bo " or "College" whatever kind o ereof resulting fot to Sue, Wai ing this docume	participate in the SRC Personnel, or personnel for su and for Community College or "the College") and its tr r nature including but not la from participation in any weyer, and Assumption of Ris	rustees, officers, agents, and employees imited to negligence, unforeseen bodily vay connected with such recreational
Signature:			Date:	
Signature of Parent/Guardian – one signa	uture required if participant is 17	years old or you	nger:	
Parent Name (Print Name)			Parent Signature	Date
Address and Phone:				

2019 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO					
1) Has your doctor ever said that you have a heart condition \square OR high blood pressure \square ?							
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?							
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).							
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE:							
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:		0					
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE:							
7) Has your doctor ever said that you should only do medically supervised physical activity?							
If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3. Start becoming much more physically active – start slowly and build up gradually. Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).							
You may take part in a health and fitness appraisal.							
If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.							
lf you have any further questions, contact a qualified exercise professional.							
PARTICIPANT DECLARATION If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider mu also sign this form.	ıst						
I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physic clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.		vity					
NAME DATE							
SIGNATURE WITNESS		_					
SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER							

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at **www.eparmedx.com** before becoming more physically active.
- Your health changes answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

2019 PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1.	Do you have Arthritis, Osteoporosis, or Back Problems? If the above condition(s) is/are present, answer questions 1a-1c If NO go to question 2	
1a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	YES NO
1b.	Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?	YES NO
1c.	Have you had steroid injections or taken steroid tablets regularly for more than 3 months?	YES NO
2.	Do you currently have Cancer of any kind?	
	If the above condition(s) is/are present, answer questions 2a-2b If NO go to question 3	
2a.	Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck?	YES NO
2b.	Are you currently receiving cancer therapy (such as chemotheraphy or radiotherapy)?	YES NO
3.	Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failur Diagnosed Abnormality of Heart Rhythm	е,
	If the above condition(s) is/are present, answer questions 3a-3d If NO go to question 4	
3a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	YES NO
3b.	Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction)	YES NO
3c.	Do you have chronic heart failure?	YES NO
3d.	Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?	YES NO
4.	Do you have High Blood Pressure?	
	If the above condition(s) is/are present, answer questions 4a-4b If NO go to question 5	
4a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	YES NO
4b.	Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer YES if you do not know your resting blood pressure)	YES NO
5.	Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes	
	If the above condition(s) is/are present, answer questions 5a-5e If NO go to question 6	
5a.	Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies?	YES NO
5b.	Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness.	YES NO
5c.	Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet?	YES NO
5d.	Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)?	YES NO
5e.	Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future?	YES NO

2019 PAR-Q+

6.	Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Demention Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndromers, Down Disability, Down Syndromers, Down Disability,	
	If the above condition(s) is/are present, answer questions 6a-6b If NO go to question 7	
6a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	YES NO
6b.	Do you have Down Syndrome AND back problems affecting nerves or muscles?	YES NO
7.	Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pu Blood Pressure	lmonary High
	If the above condition(s) is/are present, answer questions 7a-7d	
7a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	YES NO
7b.	Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?	YES NO
7c.	If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?	YES NO
7d.	Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?	YES NO
8.	Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia If the above condition(s) is/are present, answer questions 8a-8c If NO go to question 9	
8a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	YES NO
8b.	Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?	YES NO
8c.	Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?	YES NO
9.	Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event If the above condition(s) is/are present, answer questions 9a-9c If NO go to question 10	
9a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	YES NO
9b.	Do you have any impairment in walking or mobility?	YES NO
9c.	Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?	YES NO
10.	Do you have any other medical condition not listed above or do you have two or more medical condi	tions?
	If you have other medical conditions, answer questions 10a-10c If NO read the Page 4 re	commendations
10a.	Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months?	YES NO
10b.	Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?	YES NO
10c.	Do you currently live with two or more medical conditions?	YES NO
	PLEASE LIST YOUR MEDICAL CONDITION(S) AND ANY RELATED MEDICATIONS HERE:	

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

2019 PAR-O

- If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active sign the PARTICIPANT DECLARATION below:
- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

If you answered **YES** to **one or more of the follow-up guestions** about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the ePARmed-X+ at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes talk to your doctor or qualified exercise professional before continuing with any physical activity program.
- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- ◆ The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the guestionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this guestionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME	DATE
SIGNATURE	WITNESS
SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER	

For more information, please contact -

www.eparmedx.com Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-O+ Collaboration.

The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.

2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-s298, 2011.

3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal, 1975;17:375-378.

4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE



Name	Date								
General Instructions: Please fill out this form as complete	ely as possi	ible. If you	have any que	estions, DO	NOT GUESS.				
1. Please rate your exercise level on a scale of 1 to 5 (5 15–20 21–30 31–40	_			0 0	through your present age:				
2. Were you a high school and/or college athlete? — Yes — No If yes, please specify									
3. Do you have any negative feelings toward, or have yo Yes No If yes, please explain									
4. Do you have any negative feelings toward, or have yo ☐ Yes ☐ No If yes, please explain	_	-		_					
5. Rate yourself on a scale of 1 to 5 (1 indicating the low	west value	and 5 the h	ighest).						
			ext to the num		11				
Characterize your present athletic ability.	1	2	3	4	5				
When you exercise, how important is competition?	1	2	3	4	5				
Characterize your present cardiovascular capacity.	1	2	3	4	5				
Characterize your present muscular capacity.	1	2	3	4	5				
Characterize your present flexibility capacity.	1	2	3	4	5				
6. Do you start exercise programs but then find yourself	unable to s	stick with th	nem? 🔲 Y	′es □ No)				
7. How much time are you willing to devote to an exercise	se program	?	_ minutes/da	ау	days/week				
8. Are you currently involved in regular endurance (cardi									
minutes/day	C	lays/week							
Rate your perception of the exertion of your exer	cise progra	m (check th	ne box):						
☐ Light ☐ Fairly light ☐ Som	ewhat hard		Hard						
9. How long have you been exercising regularly?	months	5	vears						

Continued on next page





												L
10. What other exercise, sport, or recreational activities have you participated in?												
In the past 6 months?												
In the past 5 years?												_
11. Can you exercise during your work da	y?	☐ Ye	es 🗆	N o								
12. Would an exercise program interfere	with your job?	☐ Ye	es 🗆	N o								
13. Would an exercise program benefit yo	our job?	☐ Ye	es 🖵	N o								
14. What types of exercise interest you?												
 □ Walking □ Cycling □ Stationary biking □ Stair climbing □ Swimming 			S		Stree Rac Yog Oth	quet s a/Pilat	ports es	5				
15. Rank your goals in undertaking exerc Use the following scale to rate each goal	-				-	lies:						
	N	lot at all	impor	tant	Som	ewhat	import	ant	Extre	mely i	mportant	
a. Improve cardiovascular fitness		1	2	3	4	5	6	7	8	9	10	
b. Lose weight/body fat		1	2	3	4	5	6	7	8	9	10	
c. Reshape or tone my body		1	2	3	4	5	6	7	8	9	10	
d. Improve performance for a specific	sport	1	2	3	4	5	6	7	8	9	10	
e. Improve moods and ability to cope	with stress	1	2	3	4	5	6	7	8	9	10	
f. Improve flexibility		1	2	3	4	5	6	7	8	9	10	
g. Increase strength		1	2	3	4	5	6	7	8	9	10	
h. Increase energy level		1	2	3	4	5	6	7	8	9	10	
i. Feel better		1	2	3	4	5	6	7	8	9	10	
j. Increase enjoyment		1	2	3	4	5	6	7	8	9	10	
k. Social interaction		1	2	3	4	5	6	7	8	9	10	
i. Other		1	2	3	4	5	6	7	8	9	10	
16. By how much would you like to chan (+) lb (ge your current w –) Ib	eight?										



