

Background Checklist

Name: _____ Male____ Female _____

Home phone number: _____ Age_____

If you are a returning participant to this class:

___No changes to this questionnaire

___Changes are noted below

All new and returning participants: Please complete PAR-Q and Informed Consent Agreement

Please answer the following questions about your goals, your present level of fitness and your health.

1. What are your goals for joining this fitness program?

2. Have you previously participated in an exercise class before?

___no

___yes What type of class? _____

When?Year _____ How long? _____

3. Do you have any reservations or concerns about participating in this program? (Check all that apply)

___no

___I may not have the skills to keep up.

___I may not be able to schedule time to attend all classes.

___I may have transportation problems

___other concerns (specify)

4. Are you currently enrolled in any organized physical activity classes or groups that meet regularly apart from this class? ___no ___yes

5. If yes, what types of classes or groups? (Please list.)

Type	Number of Times/week	Number of Minutes/session	Location (e.g.community centre)
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6. Do you exercise at home? ___no ___yes

7. If you exercise at home, what do you do?

Type of activity	Number of times/week	Number of min./session
_____	_____	_____
_____	_____	_____

8. Are there any seasonal activities that you enjoy? (Please list.)

Summer (e.g. golf, cycling)	Winter (e.g. curling, skiing)
_____	_____
_____	_____

9. Compared to people your own age, how would you describe your current, overall state of health? (Please check one.)

_____ excellent _____ good _____ fair _____ poor

10. Are you a current, regular smoker? _____no

_____yes _____packs per day

11. If you quit smoking, how long ago did you quit? _____ years ago.

How many packs per day did you smoke? _____ packs per day.

How long did you smoke? _____ years.

12. Have you ever been diagnosed by a health professional as having any of the following? (Check all that apply.) **Yes**

Heart trouble	_____
High blood pressure	_____
High cholesterol	_____
Osteoporosis	_____
Arthritis	_____
Diabetes	_____
Chronic asthma, emphysema or bronchitis	_____
Back problems	_____
Foot problems	_____
Allergies	_____
Trouble with hearing	_____

Trouble with seeing _____

Other health problems (please list)

13. Are you currently on any prescribed medications? ____no ____yes

14. If yes, what do you take the medication(s) for (for example, heart or arthritis)?

15. Do you use	Yes
prescription eye glasses?	_____
a hearing aid?	_____
a foot orthotic?	_____
a walking aid?	_____

16. Are you currently limited in the type or amount of physical activity you can do because of an illness, injury or disability? ____no

____yes, because of a temporary illness or injury (example: flu, sprain, etc)
Please specify:

____yes, because of a long-term illness, injury or disability (example: diabetes, arthritis, chronic back problems, heart disease, osteoporosis, etc.)
Please specify:

17. Do you experience shortness of breath with minimal physical activity such as climbing a flight of stairs? ____no ____yes

18. Are you currently retired?

____yes, fully retired ____semi-retired ____no

Thank you for completing this survey. The information provided will assist the instructor in tailoring the program to meet the needs and interests of both yourself and your fellow participants. If you found any sections

unclear, please bring this to the attention of your instructor, or write comments in the margins beside the questions.