

### New Participant Questionnaire

Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
 Email \_\_\_\_\_ Occupation \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*Questionnaire Portion: Please check Yes or No and fill applicable information.*

1. Has your doctor ever said that you have limiting conditions and that you should only do physical activity recommended by a doctor? ☐ Yes/ ☐ No
2. Do you feel pain in your chest when you do physical activity? ☐ Yes/ ☐ No
3. In the past month, have you had chest pain when you were not doing physical activity? ☐ Yes/ ☐ No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? ☐ Yes/ ☐ No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? ☐ Yes/ ☐ No
6. Do you have any injuries—past or present? ☐ Yes/ ☐ No / If yes, describe \_\_\_\_\_  
 \_\_\_\_\_
7. Have you had any surgeries? ☐ Yes/ ☐ No / If yes, where? \_\_\_\_\_
8. Is your doctor currently prescribing you drugs (for example, water pills) for blood pressure or a heart condition?  
☐ Yes/ ☐ No / If yes, specify \_\_\_\_\_
9. Do you know of any other reason why you should not do physical activity? ☐ Yes/ ☐ No If yes, why? \_\_\_\_\_  
 \_\_\_\_\_
10. Please describe your current fitness program \_\_\_\_\_  
 \_\_\_\_\_
11. What are your fitness goals? \_\_\_\_\_  
 \_\_\_\_\_
12. Have you done any Pilates or Yoga before? ☐ Yes/ ☐ No / If Yes, briefly describe the type you have done? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Are you interested in: ☐ Privates ☐ Duets ☐ Group Sessions
15. How did you hear about Pilates and Yoga at Sport&Health?  
☐ Friend ☐ Yellow Pages ☐ Medical Referral ☐ Another Student  
☐ Internet ☐ Other: \_\_\_\_\_