

PARAFED CANTERBURY GYMNASIUM QUESTIONNAIRE

NAME _____ DATE _____

DOB _____ OCCUPATION _____

PHONE home _____ Wk/Cell _____

OFFICE USE ONLY:

Able-Bodied	ParaFed	New Member	Renewal	Paid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Are you regularly involved in any physical activity? (sports, hobbies etc...) YES / NO

If yes, what type? _____ How frequently (per week)? _____

2. Have you worked out in a gym before? YES / NO

If yes, how long ago? _____ How frequently (per week)? _____

3. Approximately how many times per week are you planning on coming to the gym? _____

4. Are you pregnant? (females only) YES / NO

5. List any physical disabilities or injuries you have (or have had)

6. List any medical limitations that could effect your training e.g, heart condition, high blood pressure, infectious diseases, stroke, asthma etc...

7. List any other medical conditions not already mentioned that may affect your training including any surgery you have had

8. Circle any of the following goals / results that you want to achieve while using the gym

General Fitness	Reduced Body Fat	Sports Conditioning
Improved Muscle Mass	Body Sculpting	Improved Muscle Tone
Rehabilitation	Increased Endurance/Stamina	Strength Training

9. What is your main fitness goal?
