



## PARTICIPANT QUESTIONNAIRE

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

*Please circle Yes or No.*

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 so, where \_\_\_\_\_
  7. Have you had any surgeries? Yes / No  
If so, where \_\_\_\_\_
  8. Is your doctor currently prescribing drugs (for example, water pills) for blood pressure or a heart condition? Yes / No
  9. Do you know of any other reason why you should not engage in physical activity? Yes / No  
If so, what \_\_\_\_\_
  10. Please describe your current fitness program \_\_\_\_\_  
\_\_\_\_\_
  11. What are your fitness goals? \_\_\_\_\_  
\_\_\_\_\_
  12. Have you done any Pilates before? Yes / No
  13. If so, briefly describe what type of Pilates you have done (mat, private lessons, rehab, group classes)? \_\_\_\_\_  
\_\_\_\_\_
  14. Are you interested in: \_\_\_Privates \_\_\_Duets \_\_\_Group Classes \_\_\_Open Gym
- How did you find out about Pilates Body by Valentin? \_\_\_ Friend \_\_\_ Yellow Pages \_\_\_ Internet  
\_\_\_ Medical Referral \_\_\_ Another Student Other \_\_\_\_\_