

F252 Gold Journey 1 Form

FORENAME:		TITLE:	
SURNAME:		SEX:	M F
CARD NUMBER: (six digits on reverse of card)		Date	
DATE OF BIRTH (dd/mm/yy)			

1. How would you describe your current level of activity? (*Circle one*)

Sedentary 1 2 3 4 5 6 7 8 9 10 Highly active

2. How would you describe your present level of fitness? (*Circle one*)

Unfit 1 2 3 4 5 6 7 8 9 10 Highly trained

3. Are you currently taking any form of prescribed medication?
(*if yes please give details overleaf*)

Yes	No
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4. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes	No
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5. Do you ever feel pain in your chest when you do any physical activity?

Yes	No
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6. In the past month, have you had chest pain when you were not doing physical activity?

Yes	No
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7. Do you lose balance because of dizziness or do you ever lose consciousness?

Yes	No
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8. Do you have a muscle, bone or joint problem that could be made worse by a change in physical activity level?

Yes	No
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9. Is your doctor currently prescribing any medication for your blood pressure, any heart condition or any other medication?
(*if yes please give details overleaf*)

Yes	No
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10. Are you pregnant or postpartum less than 6 weeks?
(*if yes please give details overleaf*)

Yes	No
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11. Is there a history of heart disease in your family?

Yes	No
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12. Do you know of any other reason why you should not participate in physical activity? (*if yes please give details overleaf*)

Yes	No
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13. Have you ever been told or warned about having high blood pressure

Yes	No
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Details relating to any “yes” responses from the PAR-Q:

I _____ acknowledge that there are risks and dangers involved in physical exercise and declare that I know of no reason why I should not perform the activity described. Any questions I have about the activity session or my participation have been answered to my full satisfaction, and the information I have given is correct. I understand that any information given to the Fitness Advisor is confidential and will not be disclosed without my consent.

Signed		Date	
Signed by FA		Date	

Journey 1

1. Which best describes you;

- I have never used a gym before
- I have used a gym but need refreshing.
- I have used gyms and I know what I am doing

2. What made you choose the Sportspark, and more specifically our Fitness Centre?

3. What do you enjoy most about exercise?

4. What else would you like to do while you are here?

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5. How many times are you thinking of coming to the centre?

- 1-2 times a week
- 2 or more times a week

6. Why have you made the decision to start now?

7. What is it you are trying to achieve from this Gold Member Programme?

8. On a scale of 1-10 how important is it that you make this change at this time?

1	2	3	4	5	6	7	8	9	10
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9. On a scale of 1-10 how confident are you that you can make this change at this time?

1	2	3	4	5	6	7	8	9	10
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10. What might the potential barriers to making this change be?



11. What could you do to help overcome these barriers?



Signed:

Date:

Witnessed (Fitness Advisor):