

Participant Data



Name	Date
Date of Birth	Male Female
Employee ID Number	Phone extension
Department	E-mail

Exercise History

For us to best serve you, it is helpful to understand how much and what types of exercise you have done in the past. Using the answers to the following questions, we can better personalize your exercise program.

At the present time, do you participate in any form of physical exercise? Yes No

If yes, please describe the type or exercise, how often you do it and how much time you spend per exercise session.

Times per week Minutes per exercise sessions

If no, how long has it been since you've exercised regularly (minimum of twice a week)?

If you exercised before, why did you stop?

Fitness Goals

Take a moment to consider what you want from your fitness program membership. List below up to three things you are most interested in and committed to achieving; be as specific as possible. Your goals can be anything, from meeting new friends, to losing x pounds in y months. The fitness professionals will help you develop strategies to achieve them.

Other Information

Where did you hear about the Getty Fitness Center? Friend Flyer Newsletter Co-worker E-mail Other (please specify)

Why did you choose to use the Getty Fitness Center?

Sport/Recreational Interest Inventory

Periodically we may sponsor special events which focus on conditioning or skill development for specific sport or recreational activities. Please mark below up to **six** activities which interest you.

Badminton	Horseback Riding	Skiing (Alpine)
Baseball	Jogging/Running	Skiing (Nordic)
Basketball	Lacrosse	Soccer
Bicycling	Martial Arts	Softball
Bowling	Mountaineering	Squash
Canoeing/Rowing	Paddle Tennis	Surfing
Dance Exercise	Pickleball	Swimming
Football	Racquetball	Tennis
Golf	Rock Climbing	Triathlon
Exercise Class	Rugby	Volleyball
Handball	Scuba Diving	Walking
Hiking/Backpacking	Skating (Ice)	Water Skiing
Hockey	Skating (Roller)	Weight Training

Health Promotion/Education Interest Inventory

Periodically we may sponsor special events targeted at members with interests in specific health topics. Please mark below up to six topics which interest you.

Aging	Heart Health	Self-Development
Back Care	HIV and AIDS	Smoking Cessation
Children's Health	Men's/Women's Health	Stress Management
Communication Skills	Nutrition/Meal Prep	Weight Control
CPR/First Aid	Parenting	Other
Disease Prevention	Pre/Postnatal Health	
Health Care Consumer	Safety	
Health Screening	Self-Care	

Pre-Program Activity Level

Consider your physical activity patterns during the past three months. Select from each of the three categories below, the descriptive items which best describes your average activity pattern for the past three months.

Intensity	Duration	Frequency
Continuous light effort	Under 10 minutes	Less than once per month

(Last updated 1/8/08)

