

# Copper Coast Sport and Leisure Centre Health Questionnaire

## Move for Mind program

Please take a few minutes to answer the following questions. Your answers will give us the information we need to determine your physical ability and ensure a safe and accommodating experience.

Given name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Caregiver name and contact number: \_\_\_\_\_

**Please circle 'Yes' or 'No' and provide any relevant information to the following questions:**

1. Are you currently exercising? Yes/No

2. How many minutes per week? 30 mins 1-3 hours 3-4 hours 5+ hours

3. Rate your fitness level:  Get puffed easily

Cope with Daily Activities

Athletic

4. Rate your current level of wellbeing:

Tired, Lethargic or stressed

OK

Feel fantastic or full of energy

5. Do you suffer from muscle or joint pains? Yes/No

6. Do you suffer from neck or back pains? Yes/No

7. Do you have asthma? Yes/No

8. Do you suffer from headaches/fainting/dizziness? Yes/No

9. Are you receiving treatment for any health conditions? Yes/No

10. Are you taking prescribed medication? Yes/No

11. What are you looking to achieve from the program? Please circle the relevant categories.

Toning Flexibility Weight Loss

Fitness Relieve Stress Relationships

Strength Health and Wellbeing Other:

The information given by me in this questionnaire is complete, true and accurate.

**Teenager Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_\_\_

**If under 18:** Parent or Caregiver's Signature: \_\_\_\_\_