

7. a) What were the results of your most recent FORCE test?

(Pass: N or Y - if answering Y, indicate with an S if you struggled)

<input type="checkbox"/>	Sandbag Lift	Test Date: _____
<input type="checkbox"/>	Intermittent Loaded Shuttles	
<input type="checkbox"/>	Sandbag Drag	
<input type="checkbox"/>	20m Rushes	

b) Did you experience any backpain during the test? _____

c) After the test (same day or next day)? _____

8. What are your goals? Please check all that apply.

Weight loss How much weight? _____

In how many months (goal time frame)? _____

Pass FORCE test:

Improve FORCE test results (specifically):

<input type="checkbox"/>	SB Lift	<input type="checkbox"/>	ILS	<input type="checkbox"/>	SB Drag	<input type="checkbox"/>	Rushes
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Training for occupational requirements (JTF2, SARTECH, Firefighter, etc) _____

Training for military sports (please list the sport(s)) _____

Other - please specify _____

9. Please check off any training that you are **currently doing**:

<input type="checkbox"/>	Resistance training (weight room)	<input type="checkbox"/>	times/week
<input type="checkbox"/>	Resistance training (body wt, yoga/Pilates, circuit trg)	<input type="checkbox"/>	times/week
<input type="checkbox"/>	Cardiovascular machines (treadmill, elliptical, etc)	<input type="checkbox"/>	times/week
<input type="checkbox"/>	Cardiovascular classes (aerobics, step, boxing, etc)	<input type="checkbox"/>	times/week
<input type="checkbox"/>	Walking	<input type="checkbox"/>	times/week
<input type="checkbox"/>	PT classes (instructor led)	<input type="checkbox"/>	times/week

10. Please list any training that you have completed in the past:

11. Have you had a personalized training program in the past?

Yes

No

12. Please list any **current** health conditions/injuries that may affect your ability to partake in physical activity (i.e. bone, joint or ligament problems, arthritis, heart condition, past/present injuries, etc.)?

13. Please list any **past** health conditions/injuries that still affect your ability to participate in physical activity either currently or periodically?

14. Rate your familiarity with weight training exercises and equipment.

<input type="checkbox"/>	Beginner 1 (no experience)
<input type="checkbox"/>	Beginner 2 (some experience)
<input type="checkbox"/>	Intermediate
<input type="checkbox"/>	Advanced

15. Please check all cardiovascular activities you are interested in:

<input type="checkbox"/>	swimming	<input type="checkbox"/>	skating laps (ice)
<input type="checkbox"/>	cycling (indoor)	<input type="checkbox"/>	circuit training
<input type="checkbox"/>	cycling (outdoor)	<input type="checkbox"/>	aerobic classes
<input type="checkbox"/>	running (treadmill)	<input type="checkbox"/>	sports (pls list)
<input type="checkbox"/>	running (outdoor)	<input type="checkbox"/>	other (pls list)
<input type="checkbox"/>	inline skating		

16. If you are looking for assistance in resistance training (weight training), what equipment are you interested in using? Please check all that apply.

<input type="checkbox"/>	machine weights
<input type="checkbox"/>	free weights
<input type="checkbox"/>	body weight exercise (pushups, situps, lunges, core exercises, etc)
<input type="checkbox"/>	Physio ball (the big "bouncy balls")
<input type="checkbox"/>	medicine balls
<input type="checkbox"/>	Instructor led classes (circuit trg, yoga, pilates, resistance classes etc)

17. If you are looking at completing your training at: (check all that apply)

<input type="checkbox"/>	JJ Parr gym/weight room
<input type="checkbox"/>	JJ Parr pool
<input type="checkbox"/>	Home
<input type="checkbox"/>	Outside
<input type="checkbox"/>	Other (please list) _____

18. If you are interested in completing all or some training at home please list and equipment you currently have:

19. How much money are you willing to spend on purchasing additional fitness equipment for home use?

<input type="checkbox"/>	\$0
<input type="checkbox"/>	\$5-\$50
<input type="checkbox"/>	\$50-\$100
<input type="checkbox"/>	\$100-\$200
<input type="checkbox"/>	\$200 +