

Class:

Thank you for taking the time to complete this survey. Please **print** your answers to the questions on this form. While you may leave any question blank, we encourage you to complete the survey. Summarized information from all participants will help us demonstrate how this program is serving people who will benefit the most. Your responses are extremely helpful. All your answers will be kept strictly confidential.

Personal Information

Name: First MI Last

Is there a nickname that you prefer to use?

Birthdate: (mm/dd/yyyy)

Gender: ☐ Female ☐ Male ☐ Other

How did you hear about EnhanceFitness?

Contact Information

Street:

City: State: Zip Code:

Phone: Email:

Demographic Information

1a. Do you speak a language other than English at home?

☐ Yes What language?

☐ No

1b. Do you sometimes have difficulty speaking English? ☐ Yes ☐ No

1c. Do you sometimes have difficulty understanding English? ☐ Yes ☐ No

Please continue on next page.

Demographic Information (continued)

2. What is the highest level of education that you have completed?

Less than high school

Some college or vocational school

Some high school

College graduate

High school graduate

Graduate school

3. What is your yearly income?

Less than \$15,000

\$50,000 to \$75,000

\$15,000 to \$24,999

More than \$75,000

\$25,000 to \$49,999

4a. Are you of Hispanic, Latin, or Spanish origin?

Yes, Hispanic/ Latino

Unknown

No, not Hispanic/ Latino

4b. Please select one or more of the following that best defines your race:

American Indian or Alaska Native

Hawaiian Native or Pacific Islander

Asian or Asian American

White

Black or African American

Other

Unknown

5. What is your current marital status?

Single (never married)

Married

Divorced

Partnered (living with someone)

Separated

Widowed or Widowed

6a. How many people live in your household (including yourself?)

6b. How many children (under age 18) live in your household?

7a. Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone?

Yes

No

7b. Are you limited in any activities because of physical, mental, or emotional problems?

Yes

No

8. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard?

Yes

No

9. Do you have health insurance? (Check all that apply.)

Medicare

Medicaid

Private Insurance

Thank you!

Thank you for taking the time to complete this form. Please print your answers to the questions on both pages of this form. While you may leave any question blank, we encourage you to complete the form. It provides essential information about your health and fitness level to your Instructor.

All your answers will be kept strictly confidential.

Your Name:

Your Home Phone:

Emergency Contact Information:

Name/ relationship:

Phone:

What medications do you take?

Do you have any allergies to food or medications? If yes, please list:

What do you wish to accomplish by participating in this exercise program?

Your Doctor's Name:

Doctor's Phone:

Clinic Name, Mailing Address:

City:

State:

Zip Code:

Chronic Conditions

Have you ever been told by a doctor or other health professional that you have any of the following conditions (Mark all that apply.)

Arthritis

Heart Disease

Rheumatic disease

Hypertension

Cancer

Lung disease/ Breathing problems

Diabetes

OR

Depression

No chronic conditions

Other Conditions

Alzheimer's Disease	Fall(s)	Parkinson's Disease
Artificial Joint	Foot/ ankle swelling	Poor leg circulation
- where?	Heart attack	- which leg?
Back problems	Heart surgery	Seizures or epilepsy
Blackouts	Hernia	Severe headaches
Broken bones	Irreg./rapid heart beats	Shortness of breath
Chest pain/ angina	Knee injuries	Smoking
Cholesterol > 240	Macular degeneration	- #/day:
Congestive heart failure	Memory loss	Stroke
Dizziness or blurred vision	Multiple sclerosis	Surgery in past year
Double vision	Osteoporosis	Unsteadiness
Emphysema	Pacemaker/ defib.	Weakness

Other conditions or additional information:

Self-Assessment

Yes No

Do you believe you are physically fit?

Are you happy with your current weight?

Can you stand up from a chair without using the arms?

Can you get up from the floor without assistance?.....

Can you stand on one leg without support?

Can you walk up and down steps without using the handrail?

Can you walk around a city block without being short of breath?.....

What exercise do you currently do on a regular basis? (Please check all that apply and enter number of times per week next to the right of the exercise name.)

Walk	Bike	Skate	Martial Arts
Jog	Dance	Tai Chi	Aerobics
Row	Swim	Tennis	Other:
Yoga	Stretch	Weight Lift	

I, _____, hereby acknowledge that all the above information is true. I release Sound Generations (Seattle, WA) and all of its agents from all liability for any accident, injury or damages of any kind to persons or property that might occur while I participate in an EnhanceFitness® class.

Signature:

Date:



Kaiser Foundation Plan of Washington Reimbursement Enrollment

The Kaiser Permanente member ID number is required in order for Kaiser Permanente to verify and confirm your eligibility for participation in the EnhanceFitness Program and its associated classes.

Your Name:

Kaiser Permanente Member ID Number:

Silver and Fit Fitness ID Number: