UFIT PROGRAM PRE-INTAKE FORM

Grand Valley State University Name:­­­\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Recreation Fitness and Wellness Center Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This intake allows us to become familiar with your seven dimensions of wellness, while you develop a goal to live a healthy, well-balanced life. Please respond to the questions below. The answers will provide your exercise technician with the more information to create a personalized program for you. Your information is **always** kept confidential.

***Life, Fitness, Wellness & Goals Questionnaire***

1. What are the biggest changes, in order of priority, that you want to make in your health and/or life (career, relationships, fitness, etc.) from your experience with us?

a.

b.

c.

|  |  |  |
| --- | --- | --- |
| * Career | * Health/Fitness | * Spirituality |
| * Community Service | * Leisure Time/Activity | * Substance Abuse |
| * Family | * Relationships | * Wellness/Wellbeing |
| * Finance | * Self-Improvement/Motivation | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

2. Rate the top three areas (number 1-3) that are most important to you:

3. What is an important dream or desire that you’ve been unable to achieve? What barrier(s) may have kept or be keeping you from reaching this/these?: (This may or may not be health/fitness related).

**Physical Activity**

1. Describe your physical activity in the past year, if any (aerobic, muscular strength, &/or flexibility development; include structured classes as well as recreations such as gardening):

2. What did you enjoy most? Is there anything new you would like to try?:

**Nutrition**

1. Please check any of the following statements that describe your eating patterns.

 I follow the “see food diet”: When it’s there, I eat it.

 I usually quit eating when I feel like I’ve comfortably had enough.

 I always worry whether the foods I eat will make me gain or lose weight.

 I like nutritious foods, but I forget to have them or feel I can’t afford them.

 I feel that I eat relatively healthy.

2. List your favorite foods: 3. Foods you dislike:

4. Do you eat compulsively or in response to emotions, stress, or other? (Yes/No) *(Please describe if applicable):*

**Everyday Life**

**\***Please report the following **\*:**  Poor Excellent

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. How would you rate your satisfaction with your life so far?:

2. How would you rate your satisfaction with your current physical activity?:

3. How would you rate your work/life balance?:

4. How would you rate your satisfaction with your current eating habits?:

5. How would you rate your self-efficacy, or belief in your own abilities to

make the changes that the UFit Program will help you with?:

*Stress Management & Energy*

1. How would you rate your general energy level?:

2. How would you rate your general stress level?:

*What do you feel are your major stressors? (high stress) (low stress)*

1. What efforts have you made toward changing your wellness/fitness lifestyle in past, if any (*any of the goals you mentioned in question #1…)*?:

2. What 3 words describe you when you are at your best/worst?:

*Best:* *Worst:*

**Laker for a Lifetime (If applicable)**

1. What would you say has been your most memorable moment at GVSU?:

2. What has been the hardest obstacle to overcome at GVSU?:

Please check the following resources you would like **more** information on:

|  |  |  |  |
| --- | --- | --- | --- |
| * Counseling Center | * Women’s Center | * Health Center | * Student Services |
| * Human Resources | * Public Safety | * LGBT Resource Center | * Graduate Studies |
| * Writing Center | * Tutoring Center | * Disability Support Resources | * Multicultural Affairs |
| * Housing and Residence Life | * Veteran’s Network | * ACES | * Career Center |
| * Children’s Enrichment Center | * Injury Care Clinic | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. What else would you like me to know about you/do you have any questions for me?