

# RECREATION

## PRE-INTAKE FORM

Name: \_\_\_\_\_

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**

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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.

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

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

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

Poor

Excellent

- |  |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|----|
| 1. How would you rate your satisfaction with your life so far?   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. How would you rate your satisfaction with your current physical activity?   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. How would you rate your work/life balance?  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. How would you rate your satisfaction with your current eating habits?   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 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?: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

## Energy & Stress Management

High Stress

Low Stress

- |  |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|----|
| 1. How would you rate your general energy level? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. How would you rate your general stress level? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
- What do you feel are your major stressors?*

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 Experiences (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:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Counseling Center            | <input type="checkbox"/> Women's Center     | <input type="checkbox"/> Health Center                | <input type="checkbox"/> Student Services      |
| <input type="checkbox"/> Human Resources              | <input type="checkbox"/> Public Safety      | <input type="checkbox"/> LGBT Resource Center         | <input type="checkbox"/> Graduate Studies      |
| <input type="checkbox"/> Writing Center               | <input type="checkbox"/> Tutoring Center    | <input type="checkbox"/> Disability Support Resources | <input type="checkbox"/> Multicultural Affairs |
| <input type="checkbox"/> Housing and Residence Life   | <input type="checkbox"/> Veteran's Network  | <input type="checkbox"/> ACES                         | <input type="checkbox"/> Career Center         |
| <input type="checkbox"/> Children's Enrichment Center | <input type="checkbox"/> Injury Care Clinic | <input type="checkbox"/> Other _____                  |  |

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