

PARTICIPANT SURVEY

 During this 10-12 week training program, you will be trained in five areas of exercise. Please rate your current knowledge of each of these areas on a scale of 0 – 5, with 0 being no knowledge and 5 being highly knowledgeable.

Aerobic Exercise	 _0	1	_2	_3	_4	_5
Flexibility / Stretching	 _0	_1	_2	_3	_4	_5
Core Strengthening	 _0	_1	_2	_3	_4	_5
Resistance / Weight Training	 _0	_1	_2	_3	_4	_5
Balance	 _0	_1	_2	_3	_4	_5

- 2. What sport(s), if any, do you currently participate in that you would like to get specific training for?
- 3. Other than overall improvement, are there any specific areas of your body that you want to concentrate on? (Example: lower back, knees)
- 4. Are there any areas of tight muscles that you want to learn to specific stretches for?
- 5. Which of the following do you think might keep you from succeeding in this program?

Lack of motivation	Lack of training knowledge
Lack of equipment at home	Time/schedule constraints

Other:

6. What additional information or knowledge do you hope to gain from this program?