

BUILDING FUTURES IN FITNESS

PARTICIPANT QUESTIONNAIRE



THIS QUESTIONNAIRE IS DESIGNED TO GATHER INFORMATION ABOUT PARTICIPANTS BEFORE AND AFTER THE PROGRAM. THE DATA WILL HELP ASSESS PROGRESS AND THE PROGRAM'S IMPACT ON EMPLOYMENT, EDUCATION, AND QUALITY OF LIFE.

SECTION 1: PERSONAL INFORMATION

FIRST NAME	LAST NAME	
PHONE NUMBER	AGE	GENDER
EMAIL	EMERGENCY CONTACT NAME & PHONE NUMBER:	

SECTION 2: EMPLOYMENT STATUS

1. WHAT IS YOUR CURRENT EMPLOYMENT STATUS? (SELECT ONE)

EMPLOYED FULL-TIME

SELF-EMPLOYED

RETIRED

EMPLOYED PART-TIME

UNEMPLOYED

STUDENT

2. IF UNEMPLOYED, HOW LONG HAVE YOU BEEN UNEMPLOYED?

LESS THAN 3 MONTHS

1-3 YEARS

3 - 12 MONTHS

OVER 3 YEARS

3. ARE YOU CURRENTLY LOOKING FOR WORK?

YES

NO

4. IF EMPLOYED, WHAT IS YOUR CURRENT JOB ROLE OR INDUSTRY?

SECTION 3: INTEREST IN THE FITNESS INDUSTRY

1. HOW INTERESTED ARE YOU IN PURSUING A CAREER IN THE FITNESS INDUSTRY?

NOT INTERESTED



VERY INTERESTED

2. WHAT ASPECT(S) OF THE FITNESS INDUSTRY INTEREST YOU? (CHECK ALL THAT APPLY)

PERSONAL TRAINING

AQUATIC FITNESS INSTRUCTION

HEALTH COACHING

GROUP FITNESS INSTRUCTION

ADAPTIVE EXERCISE FOR SPECIAL POPULATIONS

OTHER (PLEASE SPECIFY)

IF OTHER:

3. HAVE YOU EVER CONSIDERED WORKING IN THE FITNESS INDUSTRY BEFORE?

YES

NO

4. WHAT MOTIVATES YOUR INTEREST IN THE FITNESS INDUSTRY?

SECTION 4: EDUCATION & SKILLS

1. WHAT IS YOUR HIGHEST LEVEL OF EDUCATION COMPLETED?

HIGH SCHOOL

COLLEGE DIPLOMA

BACHELOR'S DEGREE

MASTER'S DEGREE OR HIGHER

OTHER (PLEASE SPECIFY)

IF OTHER:

2. DO YOU HAVE ANY PRIOR CERTIFICATIONS OR EXPERIENCE IN FITNESS OR RELATED FIELDS?

YES NO

IF YES, PLEASE LIST THEM:

3. RATE YOUR CURRENT FITNESS KNOWLEDGE



4. DO YOU FEEL COMFORTABLE LEARNING NEW SKILLS IN A STRUCTURED PROGRAM?

YES NO

SECTION 5: ABILITY TO COMPLETE THE PROGRAM

1. ARE YOU ABLE TO COMMIT TO ATTENDING WEEKLY SESSIONS FOR 12 WEEKS?

YES NO

2. DO YOU FORESEE ANY BARRIERS TO COMPLETING THE PROGRAM?

YES NO

IF YES, PLEASE EXPLAIN

3. DO YOU HAVE ACCESS TO RELIABLE TRANSPORTATION TO ATTEND SESSIONS?

YES NO

SECTION 6: GOALS AND ASPIRATIONS FOR EMPLOYMENT

1. WHAT ARE YOUR PRIMARY CAREER GOALS WITHIN THE NEXT YEAR?

2. WHAT IS YOUR ULTIMATE CAREER ASPIRATION?

3. HOW DO YOU THINK THIS PROGRAM CAN HELP YOU ACHIEVE YOUR GOALS?

SECTION 7: QUALITY OF LIFE

1. HOW WOULD YOU RATE YOUR CURRENT OVERALL QUALITY OF LIFE?

◀ 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 ▶

VERY POOR EXCELLENT

2. HOW OFTEN DO YOU ENGAGE IN REGULAR PHYSICAL ACTIVITY?

RARELY OR NEVER

3-4 TIMES PER WEEK

1-2 TIMES PER WEEK

5 OR MORE TIMES PER WEEK

3. DO YOU FEEL THAT YOUR CURRENT HEALTH IMPACTS YOUR ABILITY TO WORK OR ENGAGE IN DAILY ACTIVITIES? YES NO

IF YES, PLEASE DESCRIBE:

4. DO YOU FEEL SUPPORTED BY YOUR COMMUNITY IN PURSUING YOUR GOALS? YES NO

PLEASE EXPLAIN

5. WHAT CHANGES WOULD YOU LIKE TO SEE IN YOUR QUALITY OF LIFE OVER THE NEXT 3 MONTHS?