UFIT PROGRAM PRE-INTAKE FORM

Grand Valley State University

Campus Recreation Fitness and Wellness Center

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in our wellness program! Part of the process includes filling out a Pre-Intake form prior to your initial appointment. Since wellness is about more than physical health, these questions address issues across many life aspects. Wellness focuses on seven dimensions: emotional, intellectual, occupational, physical, spiritual, social and environmental. This program allows you to become familiar with all seven dimensions of wellness while developing a healthy, well-balanced life. Your answers will assist your wellness technician in creating maximum value for you. Your information is always kept confidential.

**Life & 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.) as a result of your wellness experience? Include any specific reason or goals you have for accomplishing each change:

a.

b.

c.

2. Check the areas that are most important to you:

Career Family Creativity Self-Improvement

Health/Fitness Wellness/Wellbeing Spirituality Other ­­\_\_\_\_\_\_\_\_\_\_\_\_

Relationships Community Service Substance Abuse

Leisure Activity/Time Finances

Out of the areas checked, what is the one area that would provide you with the greatest return in time, energy, accomplishment and/or satisfaction?:

3. What 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 be health/fitness related or not.)

**Your Wellness & Life Transformation Goals**

1. What efforts have you made toward changing your wellness lifestyle in past, if any?:

2. On a scale from 1 (poor) to 10 (excellent), how would you rate your self-efficacy, or belief in your own abilities to make these changes?:

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

3. What do you believe it will take of you to achieve or “own” the results you want?:

4. Rate your readiness to begin this process (X the best description):

 I won’t do it  I can’t do it  I may do it  I will do it  I am doing it

5. If you believe this program is something that will be beneficial to you, can help you in your particular challenges and can help achieve your goals better and faster, how committed are you to continue investing your time and energy into wellness? We have resources via our website; we may continue to communicate via e-mail/phone and may schedule follow-up appointments.

(Low) 1 2 3 4 5 (High)

**Physical Activity**

1. On a scale from 1 (poor) to 10 (excellent), how would you rate your satisfaction with your current physical activity?:

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

2. How would you categorize your current level of activity?:

 Sedentary  Lightly Active  Moderately Active  Very Active

3. 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):

4. What did you enjoy most?:

5. Is there anything new you would like to try?:

6. Describe current & previous limitations on activity (i.e. knee injury):

7. List any owned fitness equipment or health club access, if any:

**Nutrition**

1. On a scale from 1 (poor) to 10 (excellent), how would you rate your satisfaction with your current eating habits?:

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

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

 I’m often not satisfied until I’m stuffed.

 I can’t say no to foods like chocolate or chips.

 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 don’t really think about what I eat, I just grab whatever is available.

 Most of the time, I eat only when I am hungry.

 I stop eating because I think I should.

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

 I often let myself get so hungry that I eat more than I want.

3. Do you eat compulsively or in response to emotions, stress, or other? (Yes/No)

*(If yes, please describe):*

4. Describe in detail your typical weekday meals (breakfast, lunch, dinner, and snacks; typical portions; whether home-cooked, eaten in a restaurant, or purchased as fast food, etc.):

6. Describe your typical weekend meals (breakfast, lunch, dinner, and snacks, typical portions; whether home cooked, eaten in a restaurant, or purchased as fast food, etc.):

7. Describe your daily beverage intake (water, milk, sodas, coffee, alcohol):

8. List your favorite foods: Foods you dislike:

9. Foods that give you the most sustained energy:

10. List any vitamins and/or supplements you are currently taking and their health effect:

11. Describe any food allergies or sensitivities (i.e. lactose intolerant):

12. List any diet/weight management programs you have tried in the past, and their effect:

**Stress Management & Energy**

1. On a scale from 1 (poor) to 10 (excellent), how would you rate your general stress level?:

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

*What do you feel are your major stressors?*

2. On a scale from 1 (poor) to 10 (excellent), how would you rate your general energy level?:

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

3. On a scale from 1 (poor) to 10 (excellent), how would you rate your quality of sleep?:

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

4. Describe the measures you have taken to reduce stress/improve your energy or sleep:

**Your Life**

1. On a scale from 1 (poor) to 10 (excellent), how would you rate your work/life balance?:

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

2. On a scale from 1 (poor) to 10 (excellent), how would you rate your satisfaction with your life so far?:

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

3. How would others describe you in one sentence or word?:

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

Please check the following resources you are familiar with on campus:

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

Out of any of the resources you did NOT checked, would you like us to provide you with their information?: (Yes/No)

**About your Wellness Technician**

1. Have you ever worked with a wellness technician (or had a similar adult mentorship)? (Yes/No)

2. Describe your ideal wellness technician (i.e. nurturing vs. no-nonsense, etc.):

3. What approaches discourage or de-motivate you?:

4. How/when will you know you are receiving value/benefits from this wellness experience?:

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