



SENIORS CAN MOVE PROGRAM – Participant Profile

Participant Full Name: _____ Session: Winter 2020

Senior Community (if applicable): _____

Tell us about yourself:

Compared to people your own age would you say you are physically:

- More active ____
- Less active ____
- As active as other persons your age ____

Compared to your own level of physical activity 1 year ago, would you say you are now:

- More Active ____
- Less Active ____
- About the Same ____

Do you do any exercises on a regular basis (2 to 3 times per week for at least 20 to 30 minutes each time?) YES ____ NO ____

- **If yes** – let us know what you do and how many times/length of time each:
 - Ride a bicycle _____
 - Exercise class: Zumba, chair workouts, yoga _____
 - Swim (distance or class type) _____
 - Walk (distance and pace) _____
 - Resistance training (weights or bands) _____
 - Other _____

In the past 2 weeks, beginning on Monday and ending on Sunday, have you done any exercise, sports or physically active hobbies? YES ____ NO ____

- **If yes** – what were they? _____

Do you feel that you get as:

- Much exercise as you need ____
- About what I need/want ____
- Less than you need ____

Do you need a walking aid? YES ____ NO ____

- **If yes**, what type do you use? _____



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In your daily activities, what are the things you:

Avoid doing –will not attempt, will seek alternatives, will seek help

With assistance – with support, with people present, or with aid (cane, walker, railing, someone’s hand, etc.)

Confident – no support needed, no assistance needed, with no one around or mechanical devices needed

ACTION	AVOID	WITH ASSISTANCE	CONFIDENT
Walk around the house:			
walk up or down stairs			
Bend over and pick up a slipper or something from the floor			
Reach for a small can off a shelf at eye level:			
Stand on your tip toes and reach for something above your head:			
Sweep the floor:			
Walk outside the house to a car parked in the driveway			
Get into or out of a car			
Walk across a parking lot to the mall			
Walk up or down a ramp			
Walk in a crowded mall where people rapidly walk past you			
Are bumped into by people as you walk through the mall			
Step onto or off of an escalator:			
Step onto or off an escalator with parcels in your hand			
Walk outside on icy sidewalks			

What is it that you are looking to benefit from by participating in the Seniors Can Move Program?



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What would be something that would make you feel that you reached the goals you had from participating in this program?

Please list any Chronic conditions to be aware of:

Condition	Yes	No	Notes/Comments
Osteoporosis			
Osteoarthritis			
Hypertension			
Diabetes			
Sarcopenia			
Chronic Obstructive Pulmonary Disease			
Rheumatoid Arthritis			
Skin Breakdown			
Urinary Incontinence			
Hearing Loss			
Vision Loss			
Parkinson's			
Stroke (please describe type)			
Other conditions to be aware of or limitations you experience that would help our instructors:			

WE LOOK FORWARD TO HELPING YOU WITH YOUR WEEKLY ACTIVITY PLANS.

THANK YOU FOR PARTICIPATING IN THE SENIORS CAN MOVE PROGRAM!