



## General Fitness Info

I would like to (please circle one)

Ski

Snowboard

Shoe size: \_\_\_\_\_ Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs.

Sports experience: Please rate your ability at the following sports: 1=never participated; 2=novice; 3=intermediate; 4=expert

**Skiing** \_\_\_\_ **Snowboarding** \_\_\_\_ Biking \_\_\_\_ Hiking \_\_\_\_ Kayaking \_\_\_\_ Golf \_\_\_\_ Swimming \_\_\_\_

Other: \_\_\_\_\_

### GENERAL FITNESS: (check one)

1. \_\_\_\_ I don't participate in sports or working out at the gym    2. \_\_\_\_ I haven't been doing many sports or working out lately  
3. \_\_\_\_ I participate in sports or work out once or twice a week    4. \_\_\_\_ I participate in sports or work out several times a week

## Disability Info

Disability: \_\_\_\_\_

Secondary conditions: \_\_\_\_\_

Please list all medications you are currently taking: \_\_\_\_\_

Mental ability (check one) \_\_ Normal functioning \_\_ Mildly challenged \_\_ Moderately challenged \_\_ Severely Challenged

Hearing (check one) \_\_ Normal \_\_ Mild/Moderate Loss \_\_ Severe/ Total

C. Speech (check one) \_\_ Normal \_\_ Mild to moderately affected. \_\_ Non-verbal

Vision (check one) \_\_ Normal \_\_ Mild to moderately impaired \_\_ Completely blind

E. Mobility (check all that apply) \_\_ Ambulatory \_\_ Non Ambulatory \_\_ Walks with crutches \_\_ Uses a wheelchair  
Uses wheelchair exclusively \_\_ Yes \_\_ No \_\_ Yes-Electric \_\_ Yes-Manual

G. Seizures \_\_ Yes \_\_ No If yes, what was the date of your last seizure? \_\_\_\_\_  
Type of seizure: \_\_\_\_\_

H. Behavior & General Attitudes:

*Enter the numbers to items below: (1)=Normal (2)=Mild problem (3)=Moderate problem (4)=Severe problem*

\_\_\_\_ Frustration tolerance \_\_\_\_ Hostility \_\_\_\_ Confusion \_\_\_\_ Anxiety \_\_\_\_ Distractibility \_\_\_\_ Impulsiveness

\_\_\_\_ Following directions \_\_\_\_ Memory loss \_\_\_\_ Temper \_\_\_\_ Spatial disorientation

I. Bladder Management \_\_ Self \_\_ No If no, Catheter or Leg bag

## Other Info

Please list any other items the ASF should be aware of. \_\_\_\_\_

\_\_\_\_\_  
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