## DWP New Clients Baseline Questionnaire

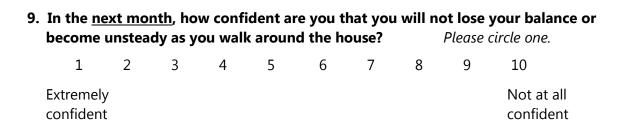


This questionnaire is optional; however, it is intended to help us to get to know you and help with improving our program, so we hope that you will complete it. The information you provide will be kept confidential. We value your honest reflection. Thank you!

1.	Your Name:	
	How did you hear about the Dancing with sponses as applicable.	Parkinson's classes? Please select as many
	<ul> <li>Friend or family member</li> <li>Someone who took the class before</li> <li>Doctor</li> <li>Occupational Therapist</li> </ul>	<ul><li>Website</li><li>TV or radio</li><li>Other (please specify):</li></ul>
2.	What was your motivation for coming to D	Pancing with Parkinson's?
3.	What are your goals in taking the DWP dar	nce classes? Please check your top 3 goals.
	<ul> <li>Health improvement</li> <li>Weight loss</li> <li>Improve balance</li> <li>Improve flexibility</li> <li>Improve strength</li> <li>Improve endurance</li> <li>Improve coordination</li> <li>Move more gracefully</li> </ul>	<ul> <li>Get out of the house</li> <li>Socialize</li> <li>Meet others with Parkinson's</li> <li>Activity with peers</li> <li>Arts activity</li> <li>Learn to dance</li> <li>Fun</li> <li>Other (please specify):</li> </ul>

Please circle one:	
	Yes / No
a) If so, when did you	u dance and for how many months or years?
5. What are your favori	ite types of music (genre), favorite songs, pieces?
6. How would you described	ribe your general health currently? Please select one response.
oooaia you dese	
c you desc	• Excellent
e	<ul><li>Excellent</li><li>Very good</li></ul>
coouid you desc	<ul><li>Excellent</li><li>Very good</li><li>Good</li></ul>
coouid you desc	<ul><li>Excellent</li><li>Very good</li><li>Good</li><li>Fair</li></ul>
o	<ul><li>Excellent</li><li>Very good</li><li>Good</li></ul>
or real field you desc	<ul><li>Excellent</li><li>Very good</li><li>Good</li><li>Fair</li></ul>
7. How would you descr	<ul><li>Excellent</li><li>Very good</li><li>Good</li><li>Fair</li></ul>
7. How would you descr	<ul> <li>Excellent</li> <li>Very good</li> <li>Good</li> <li>Fair</li> <li>Poor</li> </ul> cribe your functional mobility currently? (e.g. Walking, wheelchair, letting into the shower/bath). Please select one response.
7. How would you describe stairs, standing up, go	<ul> <li>Excellent</li> <li>Very good</li> <li>Good</li> <li>Fair</li> <li>Poor</li> </ul> cribe your functional mobility currently? (e.g. Walking, wheelchair, letting into the shower/bath). Please select one response.
<ul> <li>7. How would you describe stairs, standing up, go</li> <li>• Fully indep</li> <li>• Independe</li> </ul>	<ul> <li>Excellent</li> <li>Very good</li> <li>Good</li> <li>Fair</li> <li>Poor</li> </ul> cribe your functional mobility currently? (e.g. Walking, wheelchair, letting into the shower/bath). Please select one response.
<ul> <li>7. How would you describe stairs, standing up, go</li> <li>• Fully indep</li> <li>• Independe</li> <li>• Need mining</li> </ul>	<ul> <li>Excellent</li> <li>Very good</li> <li>Good</li> <li>Fair</li> <li>Poor</li> </ul> Cribe your functional mobility currently? (e.g. Walking, wheelchair, petting into the shower/bath). Please select one response. Deendent ent with use of a device but no physical help

9 Thoso quo	ctic	one are about how you have been feeling during the nast 1 weeks. For each
-		ons are about how you have been feeling during the <u>past 4 weeks.</u> For each are circle <u>one answer</u> that comes closest to the way you have been feeling.
		the time during the <u>past 4 weeks</u>
a)	Ha	ave you felt calm & peaceful?
	0	All of the time
	0	Most of the time
	0	A good bit of the time
	0	Some of the time
	0	A little of the time
	0	None of the time
<b>b</b> )	Di	d you have a lot of energy?
	0	All of the time
	0	Most of the time
	0	A good bit of the time
	0	Some of the time
	0	A little of the time
	0	None of the time
c)	Ha	ave you felt down-hearted and blue?
	0	All of the time
	0	Most of the time
	0	A good bit of the time
	0	Some of the time
	0	A little of the time
	0	None of the time
d)	Ha	ave you felt bored, apathetic, disinterested?
	0	All of the time
	0	Most of the time
	0	A good bit of the time
	0	Some of the time
	0	A little of the time



None of the time

	ressing yourself or commi	inicating with others?
Please select one response.		
<ul> <li>Very comfortable</li> <li>Somewhat comfort</li> <li>Neutral</li> <li>Somewhat uncomf</li> <li>Very uncomfortable</li> </ul>	ortable	
11. How many hours a week do yo	u spend exercising? Pleas	e select one response.
<ul><li>Less than an hour</li><li>Between 1 to 2 hours</li><li>Between 2 to 3 hours</li></ul>	• Betwe	een 3 to 4 hours een 4 to 5 hours than 5 hours per week
<ul><li>12. Do you currently participate in a Please circle one: Yes /</li><li>a) If so, what are they and how let</li></ul>	No	
Activity	How long have you been attending?	How often and how many minutes for each session?
		minutes for each session:
		minutes for each session:
		minutes for each session:

THANK YOU FOR YOUR COMPLETING THIS INTAKE QUESTIONNAIRE!