

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: _____

2. How did you hear about the Dancing with Parkinson's classes? *Please select as many responses as applicable.*

- Friend or family member
- Someone who took the class before
- Doctor
- Occupational Therapist
- Website
- TV or radio
- Other (please specify): _____

2. What was your motivation for coming to Dancing with Parkinson's?

3. What are your goals in taking the DWP dance classes? *Please check your top 3 goals.*

- Health improvement
- Weight loss
- Improve balance
- Improve flexibility
- Improve strength
- Improve endurance
- Improve coordination
- Move more gracefully
- Get out of the house
- Socialize
- Meet others with Parkinson's
- Activity with peers
- Arts activity
- Learn to dance
- Fun
- Other (please specify): _____

4. Had you danced regularly before joining DWP?

Please circle one: Yes / No

a) If so, when did you dance and for how many months or years?

5. What are your favorite types of music (genre), favorite songs, pieces?

6. How would you describe your general health currently? *Please select one response.*

- Excellent
- Very good
- Good
- Fair
- Poor

7. How would you describe your functional mobility currently? (e.g. Walking, wheelchair, stairs, standing up, getting into the shower/bath). *Please select one response.*

- Fully independent
- Independent with use of a device but no physical help
- Need minimal hands-on assistance (I perform >75% of mobility task)
- Need moderate hands-on assistance
- Need frequent hands-on assistance (I perform < 25% of mobility task)

8. These questions are about how you have been feeling during the past 4 weeks. For each question, please circle one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ...

a) Have you felt calm & peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

b) Did you have a lot of energy?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

c) Have you felt down-hearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

d) Have you felt bored, apathetic, disinterested?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

9. In the next month, how confident are you that you will not lose your balance or become unsteady as you walk around the house? *Please circle one.*

1 2 3 4 5 6 7 8 9 10

Extremely
confident

Not at all
confident

10. How comfortable are you expressing yourself or communicating with others?

Please select one response.

- Very comfortable
- Somewhat comfortable
- Neutral
- Somewhat uncomfortable
- Very uncomfortable

11. How many hours a week do you spend exercising? *Please select one response.*

- Less than an hour
- Between 1 to 2 hours
- Between 2 to 3 hours
- Between 3 to 4 hours
- Between 4 to 5 hours
- More than 5 hours per week

12. Do you currently participate in any other physical activity programs?

Please circle one: Yes / No

a) If so, what are they and how long have you been doing them?

Activity	How long have you been attending?	How often and how many minutes for each session?

13. May we contact you for a follow-up interview? Yes / No

14. If "yes," what is your contact phone number or email? _____

THANK YOU FOR YOUR COMPLETING THIS INTAKE QUESTIONNAIRE!