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## Intensity Level Self-Assessment

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

This assessment will assist in choosing the exercise class that will work best for you. To do this, we need to know a little more about you, your activity level, your exercise history, and your symptoms.

Choose 1 answer for each question below. Add up your points to determine your score using the scoring criteria at the bottom of the page.

1. Have you had two or more falls in the last 6 months?

☐ Yes = 1 point   ☐ No = 0 points

2. On a scale of 0–100%, how confident are you in your ability to exercise safely?

☐ More than 70% confident = 0 points   ☐ Less than 70% confident = 1 point

3. Can you get down and up from the floor by yourself, with or without using a chair?

☐ Yes = 0 points   ☐ No = 1 point

4. Do you need an assistive device or help from another person for walking?

☐ Yes = 1 point   ☐ No = 0 points

5. Do you ever feel dizzy or lightheaded when you stand up from sitting or lying down?

☐ Yes = 1 point   ☐ No = 0 points

6. Do you have freezing of gait when you turn, are in a hurry, or do more than one thing at a time?

(These are episodes where you feel like your feet are stuck to the floor, trembling in your feet, or total immobility.)

☐ Yes = 2 points   ☐ No = 0 points

7. Do you have pain, joint limitations, major medical conditions, or other neurological conditions that may interfere with your ability to exercise without making adjustments?

- ☐ Yes = 1 point    ☐ No = 0 points

8. Using the definitions below, which of the intensity levels below best characterizes your average physical activity for the last 3 months?

- ☐ Sedentary or Low Intensity = 4 points  
☐ Moderate Intensity = 2 points  
☐ Vigorous Intensity = 0 points

My Intensity Score Is: \_\_\_\_\_

- ☐ 0–5 Points = Moderate to High Intensity  
☐ 6–12 Points = Low to Moderate Intensity