

Date	Fitness Center Name
Address	
Fitness Center Type <input type="checkbox"/> 1. Public <input type="checkbox"/> 2. Private <input type="checkbox"/> 3. Chicago Park District <input type="checkbox"/> 4. Other: _____	

Please answer the following questions about the fitness center you use. There is space to write comments at the end of each section where you can write down what you experienced. N/A means Not Applicable.

Section 1: Parking

1. Does the parking area closest to the fitness center have spaces that are clearly marked as accessible?

Yes

No

N/A

2. Are accessible parking spaces as close as possible to the center entrance?

Yes

No

N/A

Comments on Parking:

Section 2: Entrance Areas

1. Are you able to easily get from the parking lot or street to the fitness center entrance?

Yes **No** **N/A**

a. If no, please explain:

2. Is there an entrance that does not have stairs that you can use?

Yes **No** **N/A**

3. Does the main entrance have obstacles that prevent you from getting inside?

Yes **No** **N/A**

a. If yes, please explain.

4. Are there doors that have a button to open them automatically?

Yes **No** **N/A**

a. If no, can you open the door without too much effort?

Yes **No**

5. Are the main doors wide enough for you to get through?

Yes

No

N/A

6. Are the counters or check-in desk too high for you?

Yes

No

N/A

Comments on Entrance Areas:

Section 3: Locker Rooms

1. Does the fitness center have a locker room? *(If NO or N/A go to next section)*

Yes

No

N/A

2. Are you able to get to and enter the locker room?

Yes

No

N/A

a. If no, please explain:

3. Are you able to use the lockers?

Yes

No

N/A

a. If no, please explain:

Comments on Locker Room:

Section 4: Showers

1. Does the center have showers? *(If NO or N/A go to next section)*

Yes **No** **N/A**

2. Are you able to get to the shower area?

Yes **No** **N/A**

a. If no, please explain:

3. Are the shower stalls wide enough for you and your assistive device?

Yes **No** **N/A**

4. Were you able to use the showers?

Yes **No** **N/A**

a. If no, please explain:

Comments on Showers:

Section 5: Equipment

1. Are you able to get to the exercise equipment? *(If NO or N/A go to next section)*

Yes **No** **N/A**

2. Are you able to use the cardio equipment, such as a treadmill, exercise bicycle, elliptical?

Yes **No** **N/A**

a. If no, please explain:

3. Are you able to use the strength training equipment and free weights?

Yes **No** **N/A**

a. If no, please explain:

4. Are you able to adjust the equipment to meet your needs?

Yes **No** **N/A**

a. If no, please explain:

5. Is there any specific equipment that you wanted to use but could not because it was not accessible?

Yes

No

N/A

a. If yes, please explain:

Comments on Equipment:

Section 6: Programs

1. Can you bring someone to assist you free of charge while you workout?

Yes

No

N/A

2. Does the fitness center have any programs that are accessible for people with mobility limitations?

Yes

No

N/A

3. Are there any exercise classes that you wanted to participate in but could not because of your mobility limitation?

Yes

No

N/A

a. If yes, please explain:

Comments on Programs:

Section 7: Elevators

1. Does the fitness center have elevators? *(If NO or N/A go to next section)*

Yes **No** **N/A**

2. Were the elevator buttons at a good height for you?

Yes **No** **N/A**

3. Were you able to use the elevator?

Yes **No** **N/A**

Comments on Elevators:

Section 8: Bathrooms

1. Were you able to get to and enter the bathroom? *(If NO or N/A go to next section)*

Yes **No** **N/A**

2. Is there a stall for people with mobility limitations?

Yes **No** **N/A**

3. Is the bathroom stall wide enough for you and your assistive device?

Yes **No** **N/A**

4. Are you able to use the grab bars?

Yes **No** **N/A**

5. Are you able to use the toilet?

Yes **No** **N/A**

6. Can you get close enough to bathroom sinks in order to operate faucets and place hands under the waterspouts?

Yes **No** **N/A**

7. Are towel dispensers and/or hand dryers within your reach?

Yes **No** **N/A**

8. Is there a private changing room that you can use?

Yes **No** **N/A**

Comments on Bathrooms:

Section 9: Staff

1. Did you feel that staff members were available to assist you?

- Never
- Rarely
- Sometimes
- Most of the time
- N/A

2. Did you feel that staff members were willing to assist you?

- Never
- Rarely
- Sometimes
- Most of the time
- N/A

3. Did you feel that staff member(s) who helped you have good ideas on how to improve your fitness?

- Never
- Rarely
- Sometimes
- Most of the time
- N/A

4. During your evaluation of the center, did the staff member(s) give you information in a clear manner?

- Never
- Rarely
- Sometimes
- Most of the time
- N/A

5. Did staff member(s) look at you in the eye when they spoke to you?

- Never**
- Rarely**
- Sometimes**
- Most of the time**
- N/A**

6. Did staff member(s) ask you if you needed help before attempting to help you?

- Never**
- Rarely**
- Sometimes**
- Most of the time**
- N/A**

7. Did you feel that staff member(s) were supportive and encouraging?

- Never**
- Rarely**
- Sometimes**
- Most of the time**
- N/A**

Comments on Professional Behavior:

Section 10: Overall Rating

Using the scale below, overall how accessible do you feel the center was? Check the appropriate number:

Not at all accessible ←————→ Completely accessible						
1	2	3	4	5	6	7