



Adult Swim Lessons Comfort Assessment

Your name _____

1. Are you comfortable getting in the pool? Circle One Yes No

2. How do you feel about getting your face wet? If you put your face in water, do you hold your breath or blow bubbles?

3. How do you feel in shallow water? _____

4. How do you feel in water over your head? _____

5. Do you ever practice front floating? Back floating? Tell us about those experiences.

6. Would you be comfortable with hands-on assistance? Circle One Yes No

7. Have you had swim lessons before? What did you like/dislike about that experience?

8. Have you ever had a traumatic experience in the water?

9. What are your short term goals?

10. What are your long-term goals?

11. Anything else we should know to help you reach your goals?
