

Pre-Survey Questionnaire

Participant ID: _____

Date: _____

Demographic Information:

1. Age: _____
2. Gender: _____
3. Height (cm): _____
4. Weight (kg): _____

Exercise History:

5. How many years of resistance training experience do you have?
 - Less than 1 year
 - 1–2 years
 - More than 2 years
6. Are you familiar with the hip thrust exercise?
 - Yes
 - No
7. How many days per week do you typically engage in strength training?
 - 1–2 days
 - 3–4 days
 - 5 or more days
8. Do you typically include glute-focused exercises in your workouts (e.g., hip thrusts, lunges)?
 - Yes
 - No

Health and Readiness:

9. Do you currently have any injuries or medical conditions that may affect your ability to perform resistance training?
 - Yes (please specify): _____
 - No
10. Have you experienced any musculoskeletal pain or discomfort in the past 6 months?
 - Yes (please specify): _____
 - No
11. Are you currently under any medical treatment or taking medications that could impact your exercise performance?
 - Yes (please specify): _____
 - No

Program Readiness:

12. Do you have access to the following equipment required for the study?

Barbell: Yes No

Weights: Yes No

Adjustable bench or stable surface: Yes No

13. Are you willing to follow the provided 12-week training program, including logging workouts and attending virtual assessments?

Yes

No

Additional Notes (optional):