

Exercise History & Lifestyle Information Form

Name _____ Date _____

Physical Activity

1. In the past year, how often have you been engaged in physical activity?

- _____ Regularly (3 to 4 times/week)
- _____ Semi-regularly (1 to 2 times/week)
- _____ Sporadically (1 to 2 times/month)
- _____ None

2. What types of physical activity do you consider "fun"? _____

3. What are your personal barriers to exercise (i.e., your reason for not exercising)? _____

4. What physical activity have you been successful with in the past (liked and participated in regularly)? _____

5. Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs?

_____ Yes _____ No If, yes, please explain _____

6. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest). Circle the number that best applies.

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity.

1 2 3 4 5

Characterize your present muscular capacity.

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick with them?

_____ Yes _____ No

7. How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

_____ Yes _____ No If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days/week

Rate your perception of the exertion of your exercise program (circle the number):

(1) Light (2) Fairly light (3) Somewhat hard (4) Hard

9. How long have you been exercising regularly?

_____ months _____ years

10. Use the following scale to rate each goal separately:

Not at all Important				Somewhat Important				Extremely Important	
1	2	3	4	5	6	7	8	9	10

- a. Improve cardiovascular fitness _____
- b. Body-fat weight loss _____
- c. Reshape or tone my body _____
- d. Improve performance for a specific sport _____
- e. Improve moods and ability to cope with stress _____
- f. Improve flexibility _____
- g. Increase strength _____
- h. Increase energy level _____
- i. Feel better _____
- j. Enjoyment _____

11. By how much would you like to change your current weight?

(+) _____ lbs. (-) _____ lbs.

Support

12. Do you feel any family, friends, or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity? _____

13. Is your significant other or a close friend involved in any regular physical activity? _____

Occupation/Leisure

14. What is your present occupation? _____

15. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)? _____

Dietary Patterns

16. How many meals and/or snacks do you have per day? _____

17. What would you estimate your caloric intake to be per day? _____

18. Do you feel you eat healthfully “most of the time”? _____

19. How many oz. of water do you drink per day? _____

Expectations

20. Specifically describe what you would like to accomplish through your fitness program during the next:

1 month _____

4 months _____

1 year _____