

Exercise History and Attitude Questionnaire

Name: _____ Date: _____

General Instructions:

Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS. Ask your trainer for assistance.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

	15- 20	21- 30	31- 40	41- 50+
Rating				

2. Were you a high school and/or college athlete? **Yes / No**
 - If yes, please specify the sport and level of participation:
Sport: _____ Level: _____
3. Do you have any negative feelings toward or have you had any bad experience with physical activity programs? **Yes / No**
 - If yes, please explain:
4. Do you have any negative feelings toward or have you had any bad experience with fitness testing and evaluation? **Yes / No**
 - If yes, please explain:
5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).
 - Characterize your present athletic ability: _____
 - When you exercise, how important is competition? _____
 - Characterize your present cardiovascular capacity: _____
 - Characterize your present muscular capacity: _____
 - Characterize your present flexibility capacity: _____

6. Do you start exercise programs but then find yourself unable to stick with them?
Yes / No

7. How much 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?

- Years _____ Months _____

10. What other exercise, sport, or recreational activities have you participated in?

- In the past 6 months?
- In the past 5 years?

11. Can you exercise during your work day? **Yes / No**

12. Would an exercise program interfere with your job? **Yes / No**

13. Would an exercise program benefit your job? **Yes / No**

14. What types of exercise interest you?

- Walking
- Stationary biking
- Jogging
- Rowing

- Swimming
- Racquetball or squash
- Cycling
- Tennis
- Dance exercise
- Other aerobic activity _____
- Strength training
- Stretching
- Yoga

15. Rank your goals in undertaking exercise:

Use the following scale to rate each goal separately (*1 being the most important, 9 being the least important*).

Extremely Important --- 1, 2, 3

Somewhat Important --- 4, 5, 6

Not at all important --- 7, 8, 9

What do you want exercise to do for you?

- Improve cardiovascular fitness _____
- Body-fat weight loss _____
- Reshape or tone my body _____
- Improve performance for a specific sport _____
- Improve moods and ability to cope with stress _____
- Improve flexibility _____
- Increase strength _____
- Increase energy level _____
- Feel better _____
- Enjoyment _____
- Other _____

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

- (+)_____lbs (-)_____lbs

17. What objectives would you like to achieve through our training time together?

- Objective 1 _____
- Objective 2 _____
- Objective 3 _____