

Exercise & Health History Attitude Questionnaire

Name: _____ Date: _____

Address: _____

Email: _____ Primary Phone #: _____

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

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

- 2) Were you a High School and/or College Athlete? Yes or No

If yes, please explain _____

- 3) Do you have any negative feelings or had any bad experience with physical activity programs, fitness testing and/or evaluations? Yes or No

If yes, please explain _____

- 4) Rate yourself on a scale of 1 to 5 (1 low and 5 highest value) 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

- 5) Do you start exercise programs but then find yourself unable to stick with them? Yes or No Please explain _____

- 6) How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

- 7) Are you currently involved in regular endurance (cardiovascular) exercise?

Yes or No If yes, specify the type of exercise _____

_____ 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

- 8) How long have you been exercising regularly? _____ Months _____ Years

9) What other exercise, sport, or recreational activities have you participated in?
 Past 6 months? _____
 Past 5 Years? _____

10) Can you exercise during your work day? Yes or No

11) Would an Exercise Program interfere with your job? Yes or No

12) Would an Exercise Program benefit your job? Yes or No

13) What types of exercise/sports interest you?

- | | | | | | |
|-----------------|-------------------|-------------|-------------------|---------------------|---------|
| Walking | Run/Jog | Aerobics | Kick Boxing | Yoga/Pilates | Cycling |
| Stationary Bike | Strength Training | Elliptical | Swimming | Boot Camp | Hiking |
| Dancing | Zumba | Team Sports | Personal Training | Fitness Competition | |

14) Rank your goals in undertaking exercise/fitness program:

What do you want it to do for you? What goals to you want to set for yourself short/long term?

Use the following scale to rate each goal separately:

Not as 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 specific sport _____
- e. Improve mood & ability to cope w/ stress _____
- f. Improve Flexibility _____
- g. Improve Strength _____
- h. Increase energy levels _____
- i. Feel better overall _____
- j. Enjoyment _____
- k. Other explain _____

15) How committed are you to your exercise/fitness program goals? _____

16) If you are wanting to change your weight, by how much? (+) _____ lbs (-) _____ lbs

Print & Sign Name _____

I am committed and excited about changing my lifestyle along with my health & fitness goals!