



## Exercise History Questionnaire

Please fill out this form as completely as possible. If you have any questions contact **Physically Focused** at 650-851-2705

Name \_\_\_\_\_ Date \_\_\_\_\_

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+ \_\_\_\_\_

2. Were you a high school and /or College athlete?  
 Yes  No If yes, please specify \_\_\_\_\_

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 nay bad experiences with, fitness testing and evaluations?  
 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).  
*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 are you willing to devote to exercise?  
\_\_\_\_\_ Minutes/ day      \_\_\_\_\_ days/ week

8. Are you currently involved in a 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 one*):

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

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9. How long have you been exercising regularly?

Month(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

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

In the past 6 months? \_\_\_\_\_

In the past 5 years? \_\_\_\_\_

11. Can you exercise during your workday?

Yes  No

13. Do you enjoy to exercise indoors or outdoors?

12. Would an exercise program interfere with your personal responsibilities?

Yes  No

13. Would an exercise program benefit your work?

Yes  No

14. What type of exercise interests you?

- Hiking  Core Stability  
 Cycling  Strength Training  
 Swimming  Stretching  
 Running  Triathlons

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you?

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Use the following scale to rate each goal separately:

Extremely Important				Somewhat Important					Not at all 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 or event
- e. Improve moods and ability to cope with stress
- f. Improve flexibility
- g. Increase strength
- h. Increase energy level
- i. Feel better
- j. Enjoyment
- k. Other

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

(+) \_\_\_\_\_ lbs      (-) \_\_\_\_\_ lbs

17. Are you interested in a nutritional program?  Yes  No