



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 any 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?

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

- Improve cardiovascular fitness
- Body-Fat weight loss
- Reshape or tone my body
- Improve performance for specific sport or event
- 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. Are you interested in a nutritional program? Yes No