

EXERCISE HISTORY QUESTIONNAIRE

Exercise History Questionnaire

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Name: _____

Date: _____

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

- 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 _____ 51+ _____
- Were you a high school and/or college athlete?
 Yes No If yes, please specify _____
- Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs?
 Yes No If yes, please explain _____
- 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 _____
- Rate yourself on a scale of 1 to 5 (1 indicating the lowest 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
- Do you start exercise programs but then find yourself unable to stay with them?
 Yes No
- How much time are you willing to devote to an exercise program?
_____ minutes / day _____ days / week
- Are you currently involved in regular cardiovascular exercise?
 Yes No If yes, please specify the type of exercise(s) _____
_____ minutes / day _____ days / week
- Rate your perception of the exertion of your exercise program.
 Light Fairly Light Somewhat Hard Hard
- How long have you been exercising regularly?
_____ months _____ years

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11. What other exercise, sport, or recreational activities have you participated in?
 In the past 6 months? _____
 In the past 5 years? _____
12. Can you exercise during your work day?
 Yes No
13. Would an exercise program interfere with your job?
 Yes No
14. Would an exercise program benefit your job?
 Yes No
15. What types of exercise interest you?
 Walking Jogging Other aerobic
 Cycling Aerobics Strength Training
 Stationary Biking Elliptical Racquet Sports
 Stair Climbing Swimming Yoga / Pilates
16. Rank your goals in undertaking exercise:
 What do you want exercise to do for you? _____

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

- 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 _____
 Proper diet _____
 Other _____

17. By how much would you like to change your current weight?
 (+) _____ lbs. (-) _____ lbs.