

## 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

## Exercise History Questionnaire – Cont'd

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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.