

Exercise History and Attitude Questionnaire

Name: _____ Date: _____

General Instructions:

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

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 _____ 50+ _____

2. Were you a high school and/or college athlete? **YES / NO**

- If yes, please specify the sport and level of participation

Sport: _____ Level: _____

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 experience with fitness testing and evaluation? **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)

- Your present athletic ability: _____
- Your present cardiovascular capacity: _____
- Your present muscular capacity: _____
- Your present flexibility capacity: _____
- When you exercise, how important is competition? _____

6. Do you start exercise programs but then find yourself unable to stick with them? **YES / NO**

7. How much time are you willing to devote to an exercise program?

- Minutes / day: _____
- Days / week: _____

8. Are you currently involved in 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 the number):
 1. Light
 2. Fairly light
 3. Somewhat hard
 4. Hard

9. How long have you been exercising regularly?

- Years _____ Months _____

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

- In the past 6 months? _____
- In the past 5 years? _____

11. Can you exercise during your work day? **YES / NO**

12. Would an exercise program interfere with your job? **YES / NO**

13. Would an exercise program benefit your job? **YES / NO**

14. What types of exercise interest you?

- Walking
- Stationary biking
- Jogging
- Rowing
- Swimming
- Racquetball or squash
- Cycling
- Tennis
- Dance exercise
- Elliptical training
- Stair Climbing
- Strength training
- Stretching
- Yoga
- Other _____

15. Rank your goals in undertaking exercise. Use the following 1 to 10 scale to rate each goal separately (*1 being the **least** important, 10 being the **most** important*).

- ____ 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

____ Enjoyment

____ Other _____

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

- (+) _____ lbs. (-) _____ lbs.

17. What goals or objectives would you like to achieve through our training time together?

- 1. _____
- 2. _____
- 3. _____

Participant Signature _____

Date _____

Staff Signature _____

Date _____