

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:

AGES: 15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

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 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)

a. Characterize your present athletic ability

b. When you exercise, how important is competition?

c. Characterize your present cardiovascular capacity

d. Characterize your present muscular capacity

e. Characterize your present flexibility capacity

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 _____ and Days/week _____

8. Are you currently involved in regular endurance (cardiovascular) exercise? Yes _____ No _____

If yes, specify type of exercise

minutes/day _____ & days/week _____

Rate your perception of the exertion of your exercise program:

1= Light 2=Fairly Light 3= Somewhat hard 4= Hard

9. How long have you been exercising regularly? Months _____ Years _____

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 interests you?

Walking _____ Jogging _____ Strength Training _____ Cycling _____ Traditional Aerobics _____

Racquet sports _____ Stationary biking _____ Elliptical _____ Treadmill _____ Yoga/Pilates _____

Stair Climbing _____ Swimming _____ Other Activities _____

15. What do you want exercise to do for you?

16. Rank your goals in undertaking exercise: Use the following scale to rate each goal separately:

Not important at all

Somewhat important

xtremely important

1

2

3

4

5

6

7

8

9

10

a. Improve cardiovascular fitness

b. Lose weight/body fat

c. Reshape or Tone Body

d. Improve performance for a specific sport

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. Social interaction

l. Other

17. How much would you like to change your current weight? + lbs _____ - lbs _____