

Physically Speaking, LLC

EXERCISE 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+ _____

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 applies the most.

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 an exercise program?

minutes/day _____ days/week _____

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

If yes, specify the type: exercise(s) _____

days/week _____ minutes/day _____

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? _____ 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 interest you?

- | | |
|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Dance exercise |
| <input type="checkbox"/> Rowing | <input type="checkbox"/> Strength training |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Stretching |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Other Aerobic |

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.

				Somewhat											Not at all
Extremely				Important											Important
Important	1	2	3	4	5	6	7	8	9	10					

- _____ a. Improve cardiovascular fitness
- _____ b. Body fat weight loss
- _____ c. Reshape or tone my 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. Other

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

(+) _____lb. (-)_____ lb.