

# Exercise History and Behavior Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## General Instructions

Please fill out this form as completely as possible. If you have any questions, **DO NOT GUESS**. Please ask 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+
RATING				

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:

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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:

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5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest):

- Characterize your present athletic ability: \_\_\_\_\_
- When you exercise, how important is competition? \_\_\_\_\_
- Characterize your present cardiovascular capacity: \_\_\_\_\_
- Characterize your present muscular capacity: \_\_\_\_\_
- 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 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 letter):

- A. Light
- B. Fairly light
- C. Somewhat hard
- D. 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 \_\_\_\_\_
- other aerobic activity \_\_\_\_\_
- Strength training \_\_\_\_\_
- Stretching \_\_\_\_\_
- Yoga \_\_\_\_\_

15. What is your current occupation? On average how much time do you spend sitting, or being active at work? \_\_\_\_\_

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**16. Rank your goals in undertaking exercise:**

Use the following scale to rate each goal separately (1 being the most important, 9 being the least important).

Extremely Important --- 1, 2, 3

Somewhat Important --- 4, 5, 6

Not at all important --- 7, 8, 9

**What do you want exercise to do for you?**

- Improve cardiovascular fitness \_\_\_\_\_
- Body-fat weight loss \_\_\_\_\_
- Improve flexibility \_\_\_\_\_
- Increase strength \_\_\_\_\_
- Enjoyment \_\_\_\_\_
- Other \_\_\_\_\_
- Improve performance for a specific sport \_\_\_\_\_
- Reshape or tone my body \_\_\_\_\_
- Increase energy level \_\_\_\_\_
- Feel better \_\_\_\_\_
- Improve moods and ability to cope with stress \_\_\_\_\_

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

(+) \_\_\_\_\_ lbs. (-) \_\_\_\_\_ lbs.

**18. What objectives would you like to achieve through our training time together?**

Objective 1 \_\_\_\_\_

Objective 2 \_\_\_\_\_

Objective 3 \_\_\_\_\_