



Questionnaire: Exercise History

Are you currently involved in a regular exercise program?	Yes	No
Do you regularly walk or run 1 or more miles continuously?	Yes	No
If yes, what is the average number of miles you cover in a workout? _____		
What is your average time per mile? _____		
Do you lift weights?	Yes	No
Are you involved in an aerobic program?	Yes	No
If yes, what type(s)? _____		
Do you frequently compete in competitive sports?	Yes	No
If yes which one(s) (circle all that apply)?		
Golf	Volleyball	
Bowling	Football	
Tennis	Baseball	
Raquetball	Track	
Soccer	Other: _____	
Basketball	Average number of times per week: _____	
Are there any sports or activities you would like to participate in? If yes, why are you currently unable to do so? _____ _____ _____		
Do you have pain when participating in sport or activity? Yes No		
If yes, please describe: _____ _____ _____		
NOTES: _____ _____ _____ _____ _____		

NAME: _____

SIGNATURE: _____

DATE: _____

SIGNATURE OF PARENT: _____
or GUARDIAN (for participants under the age of 18)

WITNESS: _____