



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: _____