

## Exercise History and Attitude Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

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 being very strenuous) for each age range through your present age.

15-20 \_\_\_\_\_ 21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 51 + \_\_\_\_\_

2. Were you a high school and/or college athlete?

\_\_\_\_\_ Yes \_\_\_\_\_ No if yes, please explain \_\_\_\_\_

3. Do you have any negative feelings toward, or have had any bad experiences 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 evaluation?

\_\_\_\_\_ Yes \_\_\_\_\_ No if yes, please explain \_\_\_\_\_

5. Rate yourself on a scale of 1 to 5 (1 being lowest and 5 highest). Circle the number that best applies.

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. 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

6. Do you start exercise programs and then find you are unable to finish them?

\_\_\_\_\_ Yes \_\_\_\_\_ No

7. How much time 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 \_\_\_\_\_

\_\_\_\_\_ 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 activity have you participated in?

In the last six months \_\_\_\_\_

In the last 5 years \_\_\_\_\_

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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	_____Jogging	_____Strength training
_____Cycling	_____Traditional aerobics	_____Racquet sports
_____Stationary bike	_____Elliptical striding	_____Yoga/Pilates
_____Stair climbing	_____Swimming	_____Other activities

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you? \_\_\_\_\_

\_\_\_\_\_

Use a 1 to 10 scale (1 being not at all important and 10 being extremely important) to rate the following goals separately.

a. Improve cardiovascular fitness	_____
b. Lose weight/body fat	_____
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. Social interaction	_____
l. Other	_____

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

(+)\_\_\_\_\_Lbs (-)\_\_\_\_\_Lbs