



Name & Date: \_\_\_\_\_

## **Lifestyle Questionnaire**

### **Your Attitude Toward Exercise & Food**

#### **Diets**

Have you ever been on a diet? If so, please answer the following questions:

How many diets have you been on in the last 2 years? \_\_\_\_\_

Describe any diets you've been on. Did you go to a commercial weight-loss service (Jenny Craig, Diet Center, etc.)? Did you follow a diet from a book or article? If so, which one?

\_\_\_\_\_

\_\_\_\_\_

Describe your experience with diets. Did you lose weight? Did you gain any of it back? How was your energy level?

\_\_\_\_\_

\_\_\_\_\_

#### **Food**

- ☐ Yes ☐ No Do you eat breakfast?  
☐ Yes ☐ No Typically, do you eat after 8 p.m.? If so, what do you usually eat?

How many times a day do you eat?

- ☐ Yes ☐ No Can you recall ever eating to avoid doing something?

- ☐ Yes ☐ No Do you ever eat when you aren't hungry? If so, when?

How often do you read food labels?

#### **Personal History in relation to Exercise**

- 1 Are you currently involved in a regular exercise program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2 Do you regularly walk or run one or more miles continuously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how often per week? \_\_\_\_\_ Days
- 3 Do you participate in other forms of regular aerobic exercise? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, average amount of time spent per workout session: \_\_\_\_\_ Minutes
- 4 Do you regularly perform resistance training? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, number of days per week: \_\_\_\_\_ Days
- 5 Do you consider yourself:  
Sedentary   Lightly Active   Moderately Active   Highly Active
- 6 Would you characterize your life as:  
Low Stress   Moderately Stressful   Highly Stressful
- 7 Please describe your knowledge of exercise and fitness:  
Expert   Very Knowledgeable   Knowledgeable   No Knowledge

8 Do you frequently participate in competitive or recreational sports? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

9 Any other regular physical activity in the last:

6 months \_\_\_\_\_

1 year \_\_\_\_\_

3 years \_\_\_\_\_

10 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 physical fitness level:	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

11 Do you start exercise programs but then find yourself unable to stick with them? \_\_\_\_\_ Yes \_\_\_\_\_ No

12 How much time are you willing to devote to an exercise program?

Minutes/day \_\_\_\_\_ Days/week \_\_\_\_\_

Rank your goals in undertaking exercise. What do you want exercise to do for you? Use the following scale to rate each goal separately.

Important 1	2	3	important 4	5	important 6
_____ a. Improve cardiovascular fitness					_____ b. Body-fat weight loss
_____ c. Improve performance for a specific sport					_____ d. Improve flexibility
_____ f. Increase energy level					_____ e. Increase strength
_____ h. Enjoyment					_____ g. Feel better
_____ j. Pain relief					_____ i. Reduce stress
_____ l. Gain weight/muscle					_____ k. Lose weight/inches
_____ n. Improve overall health					_____ m. Improve quality of life
_____ p. Other _____					_____ o. Improve appearance