



Individual Care. Integrative Solutions.

Exercise History and Attitude Questionnaire

Name _____ Date _____

Address _____

Email _____

Phone _____

Age _____

Height _____ Weight _____

Gender: M F

Name of Therapist completing questionnaire _____

Date _____

General Instructions:

Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS: ask for assistance.

Short Term Goal(s):

1. _____
2. _____
3. _____

Long Term Goal(s):

1. _____
2. _____
3. _____

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+ _____

2. Do you have any negative feelings toward, or have you had any bad experiences with, physical activity programs?

Yes No

If yes, please explain _____

3. 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 _____

4. 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 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 capacity:
1 2 3 4 5

5. Do you start exercise programs but then find yourself unable to stick with them?
 Yes No

6. How much are you willing to devote to an exercise program?
minutes/day _____ days/week _____

7. 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 number):
1) Light 2) Fairly light 3) Somewhat hard 4) Hard

8. How long have you been exercising regularly?
months _____ years _____

9. What other exercise, sport or recreational activities have you participated in?
In the past 6 months? _____
In the past 5 years? _____

10. Can you exercise during your work day?
 Yes No

11. Would an exercise program interfere with your job?
 Yes No

12. Would an exercise program benefit your job?
 Yes No

13. What types of exercise interest you? _____

14. Rank your goals in undertaking exercise:

What do you want exercise to do for you? Use the following scale to rate each goal separately.

Not at all important: 1 2 3, Somewhat important: 4 5 6 7, Extremely important" 8 9 10

_____ Improve cardiovascular fitness

_____ Body-fat weight loss

_____ Reshape of tone my body

_____ Improve performance for a specific sport

_____ Improve moods and ability to cope with stress

_____ Improve flexibility

_____ Increase strength

_____ Increase energy level

_____ Feel better

_____ Enjoyment

_____ Other

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

(+)_____ lbs (-)_____ lbs

Current Activity Level _____

Activity Level Goal _____

Measurements (optional)

Bicep

Beginning _____ Re-evaluation _____

Chest

Beginning _____ Re-evaluation _____

Waist

Beginning _____ Re-evaluation _____

Hips

Beginning _____ Re-evaluation _____

Thigh

Beginning _____ Re-evaluation _____

Attainment of Goals

Goals Achieved

Date	Goal(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Comment(s)/Goal(s) _____

Client Signature: _____

Date: _____

Evaluator Signature: _____

Date: _____