

Name _____ Date _____

- 1) Please rate your exercise level on a scale of 1 to 5 (with 1 being a low level of fitness and 5 being a high level) 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 specify _____

- 3) Do you start exercise programs but then find yourself unable to stick to them?

Yes no

- 4) How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

- 5) Are you currently involved in regular endurance exercise?

Yes no if yes, please specify the type of exercises _____

_____ minutes/day _____ days/week

- 6) Rate your perception of the exertion of your exercise program.

- (1) Light
- (2) Fairly light
- (3) Somewhat hard
- (4) Hard

- 7) How long have you been exercising regularly?

_____ months _____ years

8) What other exercise, sport or recreational activities have you participated in?

In past 6 months? _____

In past few years? _____

9) What types of exercise interests you?

walking

jogging

cycling

stationary bike

swimming

yoga/Pilates

racquet sports

strength training

stair climbing

elliptical striding

stationary bike

traditional aerobics

10) What do you want exercise to do for you? _____

11) Rank your goals in undertaking exercise. Use a scale from 1-10 to rate each goal.

- a. Improve cardiovascular fitness _____
- b. Body-fat weight loss _____
- c. Reshape or tone 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 levels _____
- i. Feel better _____
- j. For enjoyment _____
- k. Other _____

12) By how much would you like to change your current weight?

(+) _____ lbs

(-) _____ lbs

13) Specifically describe what you would like to accomplish through your fitness program during the next month.

