Exercise & Health History Attitude Questionnaire

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each range through your present age:

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

1. Were you a High School and/or College Athlete? Yes or No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any negative feelings or had any bad experience with physical activity programs, fitness testing and/or evaluations? Yes or No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rate yourself on a scale of 1 to 5 (1 low and 5 highest value) 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 capacity. 1 2 3 4 5

1. Do you start exercise programs but then find yourself unable to stick with them? Yes or No Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How much time are you willing to devote to an exercise program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days/week

1. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes or No If yes, specify the type of exercise\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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
2. How long have you been exercising regularly? \_\_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_\_\_Years
3. What other exercise, sport, or recreational activities have you participated in?

Past 6 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past 5 Years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Can you exercise during your work day? Yes or No
2. Would an Exercise Program interfere with your job? Yes or No
3. Would an Exercise Program benefit your job? Yes or No
4. What types of exercise/sports interest you?

Walking Run/Jog Aerobics Kick Boxing Yoga/Pilates Cycling Stationary Bike Strength Training Elliptical Swimming Boot Camp Hiking Dancing Zumba Team Sports Personal Training Fitness Competition

1. Rank your goals in undertaking exercise/fitness program:

What do you want it to do for you? What goals to you want to set for yourself short/long term? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the following scale to rate each goal separately:

Not as important Somewhat important Extremely important

1 2 3 4 5 6 7 8 9 10

a. Improve Cardiovascular Fitness \_\_\_\_\_

b. Body-Fat/Weight Loss \_\_\_\_\_

c. Reshape or tone my body \_\_\_\_\_

d. Improve performance for specific sport \_\_\_\_\_

e. Improve mood & ability to cope w/ stress \_\_\_\_\_

f. Improve Flexibility \_\_\_\_\_

g. Improve Strength \_\_\_\_\_

h. Increase energy levels \_\_\_\_\_

i. Feel better overall \_\_\_\_\_

j. Enjoyment \_\_\_\_\_

k. Other explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

15) How committed are you to your exercise/fitness program goals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16) If you are wanting to change your weight, by how much? (+)\_\_\_\_\_\_\_lbs (-)\_\_\_\_\_\_\_lbs

Print & Sign Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*I am committed and excited about changing my lifestyle along with my health & fitness goals!\*