

Exercise History and Attitude Questionnaire

Name: _____ Date: _____

General Instructions: Please fill out this form as completely as possible. If you have any questions, ask the trainer at your first meeting.

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

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51-60 _____ 61+ _____

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

Yes No If yes, please explain: _____

3. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest value).

Athletic Ability

1 2 3 4 5

Competition

1 2 3 4 5

Cardiovascular Capacity

1 2 3 4 5

Muscular Capacity

1 2 3 4 5

Flexibility Capacity

1 2 3 4 5

4. When you start an exercise program

- I stick with it until I accomplish my goal.
 I stick with it most of the time.
 I'm good for a month and then miss a month and then back on again repeatedly.
 I usually don't stick with it very long and then quit.

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

_____ minutes per day _____ days per week

6. Do you currently do cardiovascular exercise?

Type(s): _____ minutes per day _____ days per week

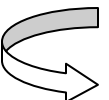
7. Rate your perception of exertion during your cardiovascular exercise.

Light Fairly Light Somewhat Hard Hard

8. How long have you been exercising regularly?

_____ months _____ years

Turn over



9. What other exercise, sport or active 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. What types of exercise interest you?

- | | | |
|---|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Yoga/Pilates | <input type="checkbox"/> Racquet Sports |
| <input type="checkbox"/> Stair Climbing | <input type="checkbox"/> Elliptical | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other _____ |

12. What do you want exercise to do for you?

13. Rate each goal separately:

Not Important			Somewhat Important				Extremely Important		
1	2	3	4	5	6	7	8	9	10

- | | |
|---|-------|
| a. Improve cardiovascular fitness | _____ |
| b. Lose weight | _____ |
| c. Lose body fat | _____ |
| d. Reshape my body | _____ |
| e. Improve performance for sports or other activity | _____ |
| f. Improve my ability to cope with stress | _____ |
| g. Improve flexibility | _____ |
| h. Increase strength | _____ |
| i. Improve balance | _____ |
| j. Increase energy level | _____ |
| k. Feel better | _____ |
| l. Prevent/treat a medical condition | _____ |

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

Lose _____ pounds Gain _____ pounds

Signature: _____ Date: _____

Personal Trainer: _____

Please return these forms to the Service Desk. A personal trainer will be contacting you within 7 days to schedule your appointment.