EXERCISE HISTORY & ATTITUDE QUESTIONNAIRE

Name: ____________________________ Date: _______________________

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

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 _______ 41-50 _______ 51+ _______

2. Were you a high school and/or college athlete?
   □ Yes  □ No  If yes, please specify:____________________________________

3. Do you have any negative feelings toward, or have you had any bad experiences with, physical activity programs?
   □ Yes  □ No  If yes, please explain:____________________________________

4. 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:____________________________________

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

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

7. How much time are you willing to devote to an exercise program?
   _________ minutes/day   _________ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?
   □ Yes  □ No  If yes, please specify:
   Type(s): ____________________________ ________ minutes/day   ________ days/week
   Rate your perception of the exertion of your current exercise program. Mark the number that best applies.
   Light □  Fairly Light □  Somewhat Hard □  Hard □
9. How long have you been exercising regularly?
   __________ months ________ years

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

11. Can you exercise during your work day?
   ☐ Yes ☐ No

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

13. Would an exercise program benefit your job?
   ☐ Yes ☐ No

14. What types of exercise interest you?
   ☐ Walking ☐ Cycling ☐ Stationary Biking ☐ Stair Climbing
   ☐ Jogging ☐ Traditional Aerobics ☐ Elliptical Striding
   ☐ Other Aerobic ☐ Strength Training ☐ Racquet Sports
   ☐ Cycling ☐ Swimming ☐ Yoga/Pilates

15. Rank your goals in undertaking exercise:
   What do you want exercise to do for you? ______________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

Use the following scale to rate each goal separately:

<table>
<thead>
<tr>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Extremely Important</th>
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   a. Improve cardiovascular fitness
   b. Body-fat weight loss
   c. Reshape or tone my body
   d. Improve performance for a specific sport or activity
   e. Improve moods and ability to cope with stress
   f. Improve flexibility
   g. Increase strength
   h. Increase energy level
   i. Feel better
   j. Enjoyment
   k. Other

16. By how much would you like to change your current weight?
   (+)_______ pounds  (-)_______ pounds

Signature: __________________________ Date: ________________________

Fitness Trainer (please print): _______________________________________

Fitness Trainer Signature: _________________________________________