

# Adapted Exercise History Questionnaire

NAME \_\_\_\_\_

DATE \_\_\_\_\_

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

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

15-20 \_\_\_\_\_ 21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 41-50 \_\_\_\_\_ 50 & older \_\_\_\_\_

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

If yes, please specify: \_\_\_\_\_

3. Do you have any negative feelings towards or have you had any bad experiences with physical activity programs?

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

4. Do you have any negative feelings towards or have you had any bad experiences with fitness testing and evaluation?

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

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest). Circle the number that you feel best describes your current physical state.

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? \_\_\_\_\_

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?

If yes, specify the type of exercise(s): \_\_\_\_\_

Days/week: \_\_\_\_\_ Minutes/day: \_\_\_\_\_

Rate your perception of the exertion of your exercise program (circle the number):

(1) Light (2) Fairly Light (3) Somewhat Hard (4) 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 workday? \_\_\_\_\_

12. Would an exercise program interfere with your job? \_\_\_\_\_

13. Would an exercise program benefit your job? \_\_\_\_\_

14. What types of exercises interest you?

Walking \_\_\_\_\_ Cycling \_\_\_\_\_ Stationary biking \_\_\_\_\_ Tennis \_\_\_\_\_

Jogging \_\_\_\_\_ Dance exercise \_\_\_\_\_ Rowing \_\_\_\_\_ Stretching \_\_\_\_\_

Swimming \_\_\_\_\_ Strength Training \_\_\_\_\_ Racquetball \_\_\_\_\_ Other \_\_\_\_\_

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

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

\_\_\_\_ Improve cardiovascular strength \_\_\_\_\_ Increase muscular strength

\_\_\_\_ Body fat/weight loss \_\_\_\_\_ Increase energy level

\_\_\_\_ Reshape or tone my body \_\_\_\_\_ Feel better

\_\_\_\_ Improve performance for a sport \_\_\_\_\_ Enjoyment

\_\_\_\_ Improve moods and ability to cope with stress \_\_\_\_\_ Improve flexibility

\_\_\_\_ Other: \_\_\_\_\_

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

(+) \_\_\_\_\_ lbs. (-) \_\_\_\_\_ lbs.