Adapted Exercise History Questionnaire

NAME ____________________________________________               DATE ______________

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

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:

   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.

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

_____ 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.