



## Exercise History and Attitude Questionnaire

*(Please note that all this information is strictly confidential)*

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

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 \_\_\_\_\_

2. Were you a high school and/or collegiate athlete? YES NO

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

3. Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs? YES NO

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

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation? YES NO

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

5. Do you start exercise programs but then find yourself unable to stick with them? YES NO

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

\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you currently involved in regular endurance (cardiovascular) exercise program? YES NO

If YES, please rate your perceived exertion of your exercise program (circle one)

Light Fairly Light Somewhat Hard Hard

8. How long have you been exercising regularly?

\_\_\_\_\_ months \_\_\_\_\_ years

9. Can you exercise during your work day? YES NO

10. Would an exercise program benefit your job? YES NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What types of exercise interest you? (circle all that apply)

Walking Running Strength Training

Cycling Traditional Aerobics Racquet Sports

Stationary Biking Elliptical training Yoga

Cycle Classes Swimming Pilates

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

12. Specifically describe what you would like to accomplish through your fitness program during the next:

MONTH:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 MONTHS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

