

Exercise History and Attitude Questionnaire

Name: _____ Date: _____

General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask for assistance.

1. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 indicating the highest). Circle the number that BEST applies.

a) Characterize your present athletic ability.

1 2 3 4 5

b) When you exercise, how important is competition?

1 2 3 4 5

c) Characterize your present cardiovascular capacity.

1 2 3 4 5

d) Characterize your present muscular capacity.

1 2 3 4 5

e) Characterize your present flexibility capacity.

1 2 3 4 5

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

a. If yes, please specify:

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

a. If yes, please explain:

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

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

_____minutes/day days/week

6. What types of exercises interest you?

- a. Walking Jogging Swimming
- b. Cycling Dance exercise Strength training
- c. Stationary biking Rowing Racquetball
- d. Tennis Group exercise Stretching

7. Are you currently involved in regular endurance (cardiovascular) exercise?

- a. YES NO

If yes, what type of exercise and how many minutes/days per week:

8. 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?

a. In the past 6 months? _____

b. In the past 5 years? _____

11. Can you exercise during your work day?

- Yes No