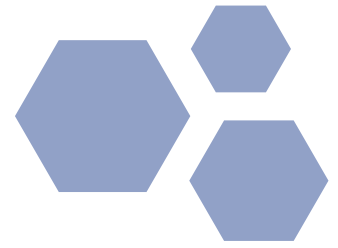




# EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE



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

*General Instructions:* Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS; ask your trainer or coach 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 \_\_\_\_\_ 51–60 \_\_\_\_\_ 61–70 \_\_\_\_\_ 70+ \_\_\_\_\_

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 experience with, physical-activity programs?

Yes  No If yes, please explain \_\_\_\_\_

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 explain \_\_\_\_\_

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

Circle 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, specify the type of exercise(s) \_\_\_\_\_  
\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

Rate your perception of the exertion of your exercise program (check the box):

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       Jogging       Swimming       Cycling  
 Aerobics       Strength training       Stationary biking       Rowing  
 Racquetball       Tennis       Other aerobic activity       Stretching

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.

	Not at all important			Somewhat important				Extremely important		
a. Improve cardiovascular fitness	1	2	3	4	5	6	7	8	9	10
b. Facilitate body-fat weight loss	1	2	3	4	5	6	7	8	9	10
c. Reshape or tone my body	1	2	3	4	5	6	7	8	9	10
d. Improve performance for a specific sport	1	2	3	4	5	6	7	8	9	10
e. Improve moods and ability to cope with stress	1	2	3	4	5	6	7	8	9	10
f. Improve flexibility	1	2	3	4	5	6	7	8	9	10
g. Increase strength	1	2	3	4	5	6	7	8	9	10
h. Increase energy level	1	2	3	4	5	6	7	8	9	10
i. Feel better	1	2	3	4	5	6	7	8	9	10
j. Increase enjoyment	1	2	3	4	5	6	7	8	9	10
k. Other	1	2	3	4	5	6	7	8	9	10

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

(+) \_\_\_\_\_ lb

(-) \_\_\_\_\_ lb