



EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE

Name: _____

Date: _____

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

15-20____ 21-30____ 31-40____ 50+____

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

No Yes If yes, please specify _____

3. Do you have any negative feeling toward, or have you had any bad experience with physical activity programs?

No Yes If yes, please specify _____

4. Do you have any negative feeling toward, or have you had any bad experience with fitness testing and evaluation?

No Yes If yes, please specify _____

5. Rate yourself on scale of 1 to 5 (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 recent cardiovascular 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? No Yes

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, please specify _____

9. Rate your perception of the exertion of your exercise program.

____ (1) Light ____ (2) Fairly Light ____ (3) Somewhat Light ____ (4) Hard

10. How long have you been exercising regularly? _____Months _____Years _____Other

11. What other exercise, sport or recreational activity have you participated in?

In the past 6 months? _____

In the past year? _____

In the past 5 years? _____



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12. Can you exercise during the workday?

Yes No If yes, please specify _____

13. Would an exercise program interfere with your job?

Yes No If yes, please specify _____

14. What type of exercise interests you?

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Dance Exercise | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Strength Training | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Stationary Bike | <input type="checkbox"/> Stretching |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Interval Training | <input type="checkbox"/> Other Aerobic Activity |

15. What do you want exercise to do for you? Rank your goals in undertaking exercise:

1. _____
2. _____
3. _____
4. _____
5. _____

16. Use the following scale to rate each goal separately:

Extremely Important	Somewhat Important	Not At All Important
1 2 3	4 5 6 7	8 9 10

- | | |
|--|-------|
| A. Improve cardiovascular fitness | _____ |
| B. Body fat weight loss | _____ |
| C. Reshape or tone my body | _____ |
| D. Improve Performance for a specific sport | _____ |
| E. Improve moods and ability to cope with stress | _____ |
| F. Improve flexibility | _____ |
| G. Increase Strength | _____ |
| H. Increase energy level | _____ |
| I. Feel better | _____ |
| J. Enjoyment | _____ |
| K. Improve self-confidence | _____ |
| L. Other | _____ |

17. How would you like to change your current weight? (+) _____ lbs. (-) _____ lbs.