

# 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.

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 \_\_\_\_\_ 41–50 \_\_\_\_\_ 51+ \_\_\_\_\_

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 1–5 (1 indicating the lowest value and 5 the highest). Check 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 (mark an X below):

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. Will 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? Mark all that apply.

Walking _____	Jogging _____	Strength training _____
Cycling _____	Traditional aerobics _____	Racquet sports _____
Stationary biking _____	Elliptical striding _____	Yoga/Pilates _____
Stair climbing _____	Swimming _____	Other activities _____

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			
	1	2	3	4	5	6	7	8	9	10
Improve cardiovascular fitness	1	2	3	4	5	6	7	8	9	10
Lose weight/body fat	1	2	3	4	5	6	7	8	9	10
Reshape or tone my body	1	2	3	4	5	6	7	8	9	10
Improve performance for a specific sport	1	2	3	4	5	6	7	8	9	10
Improve moods, ability to cope w/stress	1	2	3	4	5	6	7	8	9	10
Improve flexibility	1	2	3	4	5	6	7	8	9	10
Increase strength	1	2	3	4	5	6	7	8	9	10
Increase energy level	1	2	3	4	5	6	7	8	9	10
Feel better	1	2	3	4	5	6	7	8	9	10
Increase enjoyment	1	2	3	4	5	6	7	8	9	10
Social interaction	1	2	3	4	5	6	7	8	9	10
Other	1	2	3	4	5	6	7	8	9	10

16. By how much would you like to change your current weight? (+) \_\_\_\_\_ lbs. (-) \_\_\_\_\_ lbs.