

Fitness Solutions



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EXERCISE HISTORY & ATTITUDE QUESTIONNAIRE

Name: _____ Date: _____

General Instructions: Please fill out this form as completely as possible. Ask for assistance if you have any questions, please do not guess.

EXERCISE HISTORY:

- 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+ _____
- Were you a high school and/or college athlete?
___ Yes ___ No If yes, please specify _____
- Do you have any negative feelings toward, or have you had any bad experience with physical activity programs?
___ Yes ___ No If yes, please explain _____
- 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 _____
- Rate yourself on a scale of 1 to 5 (1 indicating the lowest value & 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
- Do you start exercise programs, but then find yourself unable to stick with them?
___ Yes ___ No
- 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
 (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?
 In the past 6 months? _____
 In the past 5 years? _____

11. Can you exercise during your workday?
 Yes No

12. Would an exercise program benefit your job?
 Yes No

13. What types of exercise interest you?
 Walking Jogging Swimming
 Cycling Dance exercise Strength training
 Stationary biking Rowing Racquetball
 Tennis Other aerobic Stretching

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

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. Other _____

15. By how much would you like to change your current weight?
 (+) _____ Lbs. (-) _____ Lbs.