

Exercise History

Why are you seeking exercise counseling at this time? _____

Are you currently exercising routinely? (Circle one) Yes No

Do you currently have any physical limitations: _____

Please list any surgeries you have had: _____

Is your occupation

_____ Inactive (e.g. desk job) _____ Light work (e.g. housework, light carpentry)
_____ Heavy work (e.g. heavy carpentry, manual labor)

Do you currently have a membership to a fitness facility? (Circle one) Yes No

Gym _____ Pool _____ YMCA _____

Name of facility: _____

Please indicate what types of equipment you have available to you.

_____ Treadmill _____ Recumbent Stationary Bike _____ Elliptical _____ Stair-stepper
_____ Nustep/Biodex _____ Upright Stationary Bike _____ Mobile Bike _____ Free Weights
_____ Exercise Bands _____ Circuit Machines _____ Exercise Ball _____ Medicine balls

If "other" please describe: _____

How often do you perform cardiovascular exercise for at least 20 to 30 minutes per session?

_____ No regular program _____ 1 time/week _____ 2 times/week
_____ 3-4 times/week _____ 5+ times/week

Please indicate what types of cardiovascular activities that you perform or have performed in the past.

_____ Running _____ Indoor Bicycling _____ Elliptical _____ Stair-stepper
_____ Nustep/Biodex _____ Water aerobics _____ Aerobic _____ Swimming
_____ Moderate Walking _____ Out Door Bicycling _____ Other

If "other" please describe: _____

How often do you resistance train?

_____ No regular program _____ 1 time/week 2 times/week
_____ 3-4 times/week _____ 5+ times/week

Please indicate which resistance training equipment you use or have used in the past.

_____ Free Weights _____ Exercise Bands _____ Circuit Machines
_____ Exercise Ball _____ Medicine balls _____ Other

If "other" please describe: _____

Please rate the following questions on a scale of 1 to 5 (1 = the lowest level and 5 = the highest):

How fit you currently feel	_____ 1	_____ 2	_____ 3	_____ 4	_____ 5
Your discipline to workout regularly	_____ 1	_____ 2	_____ 3	_____ 4	_____ 5
Your capacity for aerobic activity	_____ 1	_____ 2	_____ 3	_____ 4	_____ 5
Your muscular strength	_____ 1	_____ 2	_____ 3	_____ 4	_____ 5
Your flexibility	_____ 1	_____ 2	_____ 3	_____ 4	_____ 5

Why do you feel you have not yet reached your ideal level of fitness? _____

What are your fitness goals? Please describe: _____

How much time are you willing to devote to an exercise program?

_____ min/session _____ days/week

On what days can you put aside time to exercise? S M T W Th F S

Do you have any concerns that would cause you to be uncomfortable during fitness instruction (examples: touch during training, male fitness instructor)? _____

