

# Y Not Personalized Fitness

## Activity History Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

General Instructions: Please fill out this form as correctly as possible. If you have any questions, DO NOT GUESS: ask your trainer for assistance.

1. Please rate your activity 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+

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 negative experiences with fitness testing and evaluation?      YES      NO

5. Rate yourself on a scale of 1 to 5, (1 indicating the lowest value, 5 the highest), for the following questions and statements.

a.) Characterize your present athletic ability: \_\_\_\_\_

b.) Characterize your present cardiovascular ability: \_\_\_\_\_

c.) Characterize your current muscular ability: \_\_\_\_\_

d.) Characterize your present flexibility capacity: \_\_\_\_\_

e.) When you exercise, how important is competition? \_\_\_\_\_

6. Do you start exercise programs and then find yourself unable to stick to them?      Y / N

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

\_\_\_\_\_ minutes    x    \_\_\_\_\_ # of days per week

8. Are you currently involved in regular endurance exercise?      Y / N

If yes, specify what type: \_\_\_\_\_

\_\_\_\_\_ minutes    x    \_\_\_\_\_ # of days per week

Rate the exertion of your exercise program (circle):

(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 six months: \_\_\_\_\_  
In the past five years: \_\_\_\_\_

11. Can you exercise during your workday? Y / N

12. Would an exercise program interfere with your job? Y / N

13. Would an exercise program benefit your job? Y / N

14. What types of exercise interest you? (Please Check)

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

15. Rank your goals in undertaking this exercise program: What do you want it to do for you? (Use a scale from 1 to 10, with 1 indicating; Extremely Important and 10 indicating; Not At All Important)

- a.  Improve cardiovascular fitness
- b.  Body Fat / Weight Loss
- c.  Reshape or tone my body
- d.  Improve my performance for a specific sport
- e.  Improve moods and ability to cope with stress
- f.  Improve flexibility
- g.  Increase strength
- h.  Increase energy levels
- I  Feel better
- j.  Enjoyment
- k.  Other \_\_\_\_\_

16. Please state clearly, your two most important short-term goals.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

17. Please state clearly, your single most important long-term goal.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_