



## Fitness History Questionnaire

Are you currently involved in a regular fitness program? Yes No

Are you involved in physical activities of daily living (walking, gardening, etc.)? Yes No

If yes, what type and how often? \_\_\_\_\_

Are you involved in cardiovascular exercise or a group fitness program? Yes No

If yes, what type and how often? \_\_\_\_\_

Are you involved in a strength training/weight-lifting program? Yes No

If yes, what type and how often? \_\_\_\_\_

Are you involved in any sports? Yes No

If so, what sports and how often? \_\_\_\_\_

Do you consider yourself:

\_\_\_ Sedentary

\_\_\_ Lightly active (sporadic workouts, lawn work, little aerobic work)

\_\_\_ Moderately active (work out 1-2 days/week for at least 15-30 minutes)

\_\_\_ Highly active (work out three or more days/week at least 30-45 minutes)

Do you believe that you are physically fit?

- No
- Less than average
- Average
- Above average
- Outstanding
- Don't know

What activities would you prefer in a regular exercise program?

- walking and/or running
- swimming
- stationary cycling
- stretching
- strength/resistance training
- racquetball/squash
- tennis
- basketball
- rowing
- group fitness classes
- not sure
- other \_\_\_\_\_