

Exercise History Questionnaire

Name: _____

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

Do you regularly walk or run 1 or more miles continuously? Yes No

If yes, what is the average number of miles you cover in a workout? _____

What is your average time per mile? _____

Do you practice weightlifting or calisthenics? Yes No

Are you involved in an aerobic program? Yes No

If yes, what type(s)? _____

Do you frequently compete in competitive sports? Yes No

If yes, which one(s)?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Football |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Handball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Basketball | Average number of times per week: _____ |

In which of the following high school or college athletics did you participate?

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Track |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Other: _____ | |

What activities would you prefer in a regular exercise program for yourself?

- | | |
|---|--|
| <input type="checkbox"/> Walking and/or running | <input type="checkbox"/> Bicycling(outdoors) |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Stationary running |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Jumping rope | <input type="checkbox"/> Handball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Other: _____ | |

Comments: _____

