

Client Exercise History

1. How would you describe your activity level during your adult life?

- a. Completely sedentary
- b. Sporadic exercise
- c. Somewhat regular exercise
- d. Regular exercise
- e. Competitive athlete

2. On a scale of 1 – 10, with 10 being the highest, how satisfied are you with the level of exercise that you have been maintaining throughout your adult life.

3. How would you rate your **current** physical activity level?

- a. Little or no physical activity
- b. Occasional physical activity
- c. Regular physical activity at least 3 times per week.
- d. High levels of intense physical activity

4. Outside of your normal work and daily responsibilities, how often do you engage in vigorous exercise which markedly increases your breathing such as :vigorous walking, cycling, running, swimming, etc.

- a. Seldom or never
- b. Less than 1 time per week
- c. 1 – 2 times per week
- d. 3 – 5 times per week
- e. 6 or more times per week

5. When you do vigorous exercise, how long do you spend each session?

- f. 0 – 14 minutes
- g. 15 – 29 minutes
- h. 30 – 44 minutes
- i. 45 – 59 minutes
- j. 60 minutes or more

6. On a scale of 0 – 10, with 10 being the highest, how intense is your average exercise session?

7. How many years have you been exercising regularly?

- a. None
- b. Less than 1

- c. 2 – 5
- d. 6 – 10
- e. 10 +

8. In a typical week, how many minutes do you spend doing the following activities?

<input type="text"/>	Walking	<input type="text"/>	Swimming
<input type="text"/>	Cycling	<input type="text"/>	Rowing
<input type="text"/>	Jogging / Running	<input type="text"/>	Stair Climbing
<input type="text"/>	Racquet sports	<input type="text"/>	Field Sports
<input type="text"/>	Skiing	<input type="text"/>	Group Fitness Classes
<input type="text"/>	Yoga / Pilates	<input type="text"/>	Strength Training
<input type="text"/>	Golf	<input type="text"/>	Other

9. Place a check next to your activity preferences or interests:

<input type="checkbox"/>	Walking	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Rowing
<input type="checkbox"/>	Jogging / Running	<input type="checkbox"/>	Stair Climbing
<input type="checkbox"/>	Racquet sports	<input type="checkbox"/>	Field Sports
<input type="checkbox"/>	Skiing	<input type="checkbox"/>	Group Fitness Classes
<input type="checkbox"/>	Yoga / Pilates	<input type="checkbox"/>	Strength Training
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Inline Skating
<input type="checkbox"/>	Other		

10. What if any are your barriers to successful exercising (check all that apply)

<input type="checkbox"/>	Time	<input type="checkbox"/>	Money
<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Lack of Support
<input type="checkbox"/>	Injury	<input type="checkbox"/>	Intimidation / fear
<input type="checkbox"/>	Lack of Information	<input type="checkbox"/>	Too out of shape
<input type="checkbox"/>	Other		

11. On a scale of 1 – 10 (with 10 being the most enthusiastic) how motivated would you say you were to exercise?

12. On a scale of 1 – 10 (with 10 being the most enthusiastic) how confident would you say you were regarding exercise?

13. What evidence would you consider of a successful exercise program for yourself?

14. Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs?

- Yes No. If yes, please explain.

15. On a scale of 1 – 5 with 5 being the highest, please select the number that best applies to you.

a. Your present athletic ability

b. The importance of competition

c. Your present cardiovascular capacity

d. Your present muscular capacity

e. Your present flexibility capacity

16. How much would you like to change your current weight?

(+) pounds (-) pounds

17. How many times per week do you / could you participate in vigorous exercise?

- a. Seldom or never
 b. Less than 1 time per week
 c. 1 – 2 times per week
 d. 3 – 5 times per week
 e. 6 or more times per week

18. List the days you would be free to exercise e.g. (Mon Wed & Fri) ?

19. Would you like your programmes designed for Gym attendance, or home use?

- a. Gym attendance
 b. Home use

Please note: For Exercise Programmes designed for home use you would need to purchase equipment e.g. Med Ball, and Free Weights etc.