Exercise History & Attitude

YOUR BACKGROUND WITH TRAINING

Please fill this out as completely as you can. It tells us what you have tried before, what you enjoyed, and what put you off — all of which shapes the program we build for you.

> **Please don't guess.** If a question is unclear, leave it blank and ask your consultant at your first session.

FULL NAME _____ DATE _____

Looking back

Rate how active you were in each stage of your life, from 1 (not active) to 5 (very strenuous). Skip any age range you have not reached.

AGE 15–20 _____ AGE 21–30 _____ AGE 31–40 _____ AGE 41+ _____

Were you a high school or college athlete? If yes, in what? ☐ YES ☐ NO

Do you have any negative feelings about, or bad experiences with, physical activity programs? If yes, please explain. ☐ YES ☐ NO

Do you have any negative feelings about, or bad experiences with, fitness testing and evaluation? If yes, please explain. ☐ YES ☐ NO

Do you start exercise programs but find yourself unable to stick with them? ☐ YES ☐ NO

Where you are now

Rate yourself from 1 (lowest) to 5 (highest). Tick one box in each row.

Your present athletic ability ☐ ☐ ☐ ☐ ☐

	1	2	3	4	5
How important competition is to you when you exercise	☐	☐	☐	☐	☐
Your present cardiovascular capacity	☐	☐	☐	☐	☐
Your present muscular strength	☐	☐	☐	☐	☐
Your present flexibility	☐	☐	☐	☐	☐

TIME YOU CAN COMMIT

_____ minutes per day

_____ days per week

HOW LONG YOU HAVE TRAINED REGULARLY

_____ months

_____ years

Are you currently doing regular endurance or cardiovascular exercise? If yes, what kind? ☐ YES ☐ NO

HOW HARD THAT EXERCISE FEELS — TICK ONE

☐ Light ☐ Fairly light ☐ Moderate ☐ Hard

OTHER SPORTS OR ACTIVITIES IN THE PAST SIX MONTHS

AND IN THE PAST FIVE YEARS

Exercise and your working day

	YES	NO
Can you exercise during your working day?	☐	☐
Would an exercise program interfere with your job?	☐	☐
Would an exercise program benefit your job?	☐	☐

What appeals to you

Tick any kind of exercise you would happily do.

- ☐ Walking
- ☐ Jogging
- ☐ Swimming
- ☐ Cycling
- ☐ Stationary biking
- ☐ Rowing
- ☐ Strength training
- ☐ Stretching
- ☐ Dance exercise
- ☐ Tennis
- ☐ Racquetball
- ☐ Other .....

What you want exercise to do for you

Score each one from 1 (not important to me) to 10 (particularly important). Rate them independently — several can share a score.

Improve cardiovascular fitness	_____	Lose body fat	_____
Reshape or tone my body	_____	Improve performance in a specific sport	_____
Improve my mood and ability to cope with stress	_____	Improve flexibility	_____
Increase strength	_____	Increase energy levels	_____
Simply feel better	_____	Enjoyment	_____

ANYTHING ELSE YOU WOULD LIKE US TO KNOW

CLIENT SIGNATURE

DATE

Thank you for taking the time to complete this questionnaire.