

▶ Exercise History Questionnaire

EXERCISE HISTORY INFORMATION

Are you currently involved in a regular exercise program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you regularly walk or run 1 or more miles continuously?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you involved in an aerobic program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what type(s)? _____		
Do you frequently compete in competitive sports?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> 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: _____		
Do you frequently compete in competitive sports?		
<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: _____		

Please note: possession of this form does not indicate certification status with the ISSA. To confirm active certification status, please call 1.800.892.4772 (1.805.745.8111 international). Information gathered from this form is not shared with ISSA. ISSA is not responsible or liable for the use or incorporation of the information contained in or collected from this form. Always consult your doctor concerning your health, diet, and physical activity.

NAME: _____

SIGNATURE: _____

DATE: _____

SIGNATURE OF PARENT: _____
or GUARDIAN (for participants under the age of majority)

WITNESS: _____