

# Exercise History and Attitude Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask your trainer for assistance.*

1. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 indicating the highest). Circle the number that BEST applies.

a) Characterize your present athletic ability.

1                      2                      3                      4                      5

b) When you exercise, how important is competition?

1                      2                      3                      4                      5

c) Characterize your present cardiovascular capacity.

1                      2                      3                      4                      5

d) Characterize your present muscular capacity.

1                      2                      3                      4                      5

e) Characterize your present flexibility capacity.

1                      2                      3                      4                      5

2. Were you a high school and/or college athlete?                      YES                      NO

a. If yes, please specify: \_\_\_\_\_

3. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?                      YES                      NO

a. If yes, please explain: \_\_\_\_\_

4. Do you start exercise programs but then find yourself unable to stick with them?

YES                      NO

5. How much are you willing to devote to an exercise program?

\_\_\_\_\_ minutes/day                      \_\_\_\_\_ days/week

6. What types of exercises interest you?

a. Walking                      Jogging                      Swimming  
b. Cycling                      Dance exercise                      Strength training c.  
Stationary biking                      Rowing                      Racquetball  
d. Tennis                      Group exercise                      Stretching

7. Are you currently involved in regular endurance (cardiovascular) exercise?

a. YES                      NO

