

# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_