

FORM II

**PERSONAL HISTORY / EXERCISE**

1. Are you currently involved a regular exercise program? \_\_\_\_\_ yes \_\_\_\_\_ no

2. Do you regularly walk or run one or more miles **continuously**? \_\_\_\_\_ yes \_\_\_\_\_ no

How often per week? \_\_\_\_\_

3. Do you participate in other forms of regular aerobic exercise? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, average number of miles covered per workout or day: \_\_\_\_\_miles\_\_\_\_\_?

4. Do you regularly lift weights? \_\_\_\_\_ yes \_\_\_\_\_ no  
\_\_\_\_\_ # times/wk

5. Do you consider yourself: please circle  
Sedentary lightly active moderately active highly active

6. Would you characterize your life as: please circle  
highly stressful moderately stressful low in stress

7. Please describe your knowledge of exercise and fitness: please circle  
very knowledgeable knowledgeable no knowledge

8. Do you frequently participate in competitive or recreational sports? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please list \_\_\_\_\_

9. Briefly explain your involvement in physical activity in the past  
6 months \_\_\_\_\_  
12 months \_\_\_\_\_  
5 years \_\_\_\_\_  
lifetime \_\_\_\_\_

10. Do you have any negative feelings toward or have you had any bad experience with physical activity programs? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain: \_\_\_\_\_

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

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| Characterize your present physical fitness level:  | 1 | 2 | 3 | 4 | 5 |   |   |
| When you exercise, how important is competition?   |   |   | 1 | 2 | 3 | 4 | 5 |
| Characterize your present cardiovascular capacity: | 1 | 2 | 3 | 4 | 5 |   |   |
| Characterize your present muscular capacity:       | 1 | 2 | 3 | 4 | 5 |   |   |
| Characterize your present flexibility capacity:    | 1 | 2 | 3 | 4 | 5 |   |   |

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

\_\_\_\_\_ yes \_\_\_\_\_ no

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

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

14. Can you exercise during your working day? \_\_\_\_\_ yes \_\_\_\_\_ no

15. Would an exercise program interfere with your job? \_\_\_\_\_ yes \_\_\_\_\_ no

**16. What types of exercise interest you?**

- |                              |                          |                    |
|------------------------------|--------------------------|--------------------|
| _____ Walking and/or jogging | _____ Stationary cycling | _____ Martial arts |
| _____ Weight training        | _____ Racquetball        | _____ Yoga         |
| _____ Swimming               | _____ Tennis             | _____ Rowing       |
| _____ Cycling (outdoors)     | _____ Aerobic class      | _____ Stretching   |

Rank your goals in undertaking exercise; What do you want exercise to do for you? Use the following scale to rate each goal separately.

|                   |   |   |   |   |                  |   |   |   |    |                  |
|-------------------|---|---|---|---|------------------|---|---|---|----|------------------|
| <b>Not at all</b> |   |   |   |   | <b>Somewhat</b>  |   |   |   |    | <b>Extremely</b> |
| <b>Important</b>  |   |   |   |   | <b>important</b> |   |   |   |    | <b>important</b> |
| 1                 | 2 | 3 | 4 | 5 | 6                | 7 | 8 | 9 | 10 |                  |

- |   |                                  |
|---|----------------------------------|
| _____ a. Improve cardiovascular fitness           | _____ b. Body-fat weight loss    |
| _____ c. Improve performance for a specific sport | _____ d. Improve flexibility     |
| _____ f. Increase energy level                    | _____ e. Increase strength       |
| _____ h. Enjoyment                                | _____ g. Feel better             |
| _____ j. Improve muscle tone                      | _____ i. Reduce stress           |
| _____ l. Gain weight/muscle                       | _____ k. Lose weight/inches      |
| _____ n. Other _____                              | _____ m. Improve quality of life |