



# Exercise History Questionnaire

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

1. **Have you been cleared for exercise?**  Yes  No

2. **What are you doing on a regular basis that gets you moving and gets your heart rate up?**

**Cardio/Aerobic exercise: (e.g., walking, jogging, running, dancing)**

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

**Strength/Resistance exercise: (e.g., resistance machines, kettle bell, pilates, weightlifting)**

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

**Flexibility/Stretching exercise: (e.g., yoga, pilates, matwork, stretches)**

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

**Balance exercise: (e.g., tai chi, qi gong, bosu ball, dancing)**

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

3. **How do you monitor your exercise intensity?**

<input type="checkbox"/> General Intensity	<input type="checkbox"/> Talk Test	<input type="checkbox"/> Perceived Exertion	<input type="checkbox"/> Heart Rate*
Light	Able to talk and/or sing	< 3 (10 point scale)	< 64% HR <sub>max</sub>
Moderate	Able to talk but not sing	3-4 (10 point scale)	64-76% HR <sub>max</sub>
Vigorous/hard	Difficulty talking	≥ 5 (10 point scale)	>76% HR <sub>max</sub>

4. **Are you satisfied with your current exercise program?**  Yes  No

If no, explain \_\_\_\_\_

5. **What are your motivators for exercise? (Check all that apply)**

Prevent cardiac disease and stroke

Reduce blood pressure

Control blood glucose

Prevent bone loss

Increase energy

Increase self esteem

Improve mood

Decrease stress

Improve sleep

Weight reduction

Increase mental alertness

Better endurance

Increase interest in sex

Other \_\_\_\_\_

6. **What types of aerobic exercise do you prefer? (Circle all that apply)**

Walking, hiking, blading, jogging, treadmill, bicycling indoors/outdoors, EFX elliptical, stair climbers, swimming, rowing, water aerobics, aerobics classes, cross country skiing, downhill skiing/snowboarding, snowshoeing, other \_\_\_\_\_

7. **What do you like most about exercising?**

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

\*Not an appropriate measure of intensity if taking a Beta Blocker

## EXERCISE HISTORY QUESTIONNAIRE

8. Do you have an exercise partner?  Yes  No

9. Do you enjoy group exercise or classes?  Yes  No

10. Are you a member of a gym or fitness center?  Yes  No

11. Are there any obstacles you have to engaging in movement and physical activity?  Yes  No

a. If yes, what are they?

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b. If yes, do you have control over the circumstances surrounding your obstacles? How can you overcome them?

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c. Are any of your obstacles out of your control? If yes, which ones?

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d. What are some possible solutions around these obstacles? What has worked before?

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12. What is the best time of day for you to exercise? \_\_\_\_\_

13. When do you have the most energy and time? \_\_\_\_\_

14. Are you ready to take action to make your exercise program work for you and your goals?  Yes  No

15. Do you have any goals related to you strength, tone, body composition, or fitness level?  Yes  No

If yes, explain: \_\_\_\_\_

16. Do you experience any pain or breathing problems while exercising?  Yes  No

If yes, explain: \_\_\_\_\_

17. Do you have any joint or musculoskeletal problems that might flare up during exercise?  Yes  No

If yes, explain: \_\_\_\_\_

18. Have you had any injuries while exercising?  Yes  No

If yes, explain: \_\_\_\_\_

19. Have you experienced a loss of muscle tissue or a decline in strength over the last few years?  Yes  No

20. Have you fallen in the past few months?  Yes  No

21. Do you notice any balance problems?  Yes  No

If yes, explain: \_\_\_\_\_

22. Do you have any of the following exercise contraindications? (Check all that apply)

Acute systemic infection (i.e., fever, body aches, swollen lymph nodes, etc.)

Arrhythmias

Recent heart attack

Severe congestive heart failure

Uncontrolled angina/chest pain

Other \_\_\_\_\_

