

# Assessment Form

## Client Exercise History

1. How would you describe your activity level during your adult life?

- a. Completely sedentary
- b. Sporadic exercise
- c. Somewhat regular exercise
- d. Regular exercise
- e. Competitive athlete

2. On a scale of 1 - 10, with 10 being the highest, how satisfied are you with the level or exercise that you have been maintaining throughout your life. \_\_\_\_\_

3. How would you rate your current physical activity level?

- f) Little or no physical activity
- g) Occasional physical activity
- h) Regular physical activity at least 3 times per week.
- i) High levels of intense physical activity

4. Outside of your normal work and daily responsibilities, how often do you engage in vigorous exercise which markedly increases your breathing such as : vigorous walking, cycling, running, swimming, etc.

- a. Seldom or never
- b. Less than 1 time per week
- c. 1 - 2 times per week
- d. 3 - 5 times per week
- e. 6 - or more times per week

5. When you do vigorous exercise, how long do you spend each session?

- f. 0 - 14 minutes
- g. 15 - 29 minutes
- h. 30 - 44 minutes
- i. 45 - 59 minutes
- j. 60 minutes or more

6. On a scale of 0 - 10, with 10 being the highest, how intense is your average exercise session? \_\_\_\_\_

7. How many years have you been exercising regularly?

- a) None
- b) Less than 1
- c) 2 - 5
- d) 6 - 10
- e) 10+

8. In a typical week, how many minutes do you spend doing the following activities?

Walking \_\_\_\_\_

Cycling \_\_\_\_\_

Jogging/running \_\_\_\_\_  
Racquet sports \_\_\_\_\_  
Swimming \_\_\_\_\_  
Rowing \_\_\_\_\_  
Stair climbing \_\_\_\_\_  
Field sports \_\_\_\_\_  
Skiing \_\_\_\_\_  
Yoga/Pilates \_\_\_\_\_  
Golf \_\_\_\_\_  
Group Fitness \_\_\_\_\_  
Classes \_\_\_\_\_  
Strength Training \_\_\_\_\_  
Other \_\_\_\_\_

9. Place a check next to your activity preferences or interests:

Walking   
Cycling   
Jogging/Running   
Racquet sports   
Skiing   
Yoga/Pilates   
Golf   
Other   
Swimming   
Rowing   
Stair Climbing   
Field Sports   
Group Fitness Classes   
Strength Training   
Inline Skating

10. What if any your barriers to successful exercising (check all that apply)

Time   
Spouse   
Injury   
Lack of Information   
Other   
Money   
Lack of support   
Intimidation/fear   
Too out of shape

11. On a scale of 1 - 10 (with 10 being the most enthusiastic) how motivated would you say you were to exercise? \_\_\_\_\_

12. On a scale of 1 - 10 (with 10 being the most enthusiastic) how confident would you say you were regarding exercise? \_\_\_\_\_

13. What evidence would you consider of a successful exercise program for yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 Do you have any negative feelings toward, or have you had any bad experiences with physical activity programs?  
\_\_\_\_\_  
\_\_\_\_\_

15. On a scale of 1 - 5 with 5 being the highest, please select the number that best applies to you.
- a) Your present athletic ability
  - b) The importance of competition
  - c) Your present cardiovascular capacity
  - d) Your present muscular capacity
  - e) Your present flexibility capacity

16. How much would you like to change your current weight?  
(+) \_\_\_\_\_ pounds      (-) \_\_\_\_\_ pounds

17. How many times per week would you/could you participate in vigorous exercise?
- a) Seldom or never
  - b) Less than 1 time per week
  - d) 3 - 5 times per week
  - e) 6 or more times per week

18. List the days you would be free to exercise e.g. (Mon Wed & Fri)? \_\_\_\_\_  
\_\_\_\_\_

19. Would like your programs designed for Gym attendance, or home use?
- a) Gym attendance
  - b) Home use

**Please not: For Exercise Programmes designed for home use, you would not need to purchase exercise equipment e. g. Med Ball, and Free Weights etc.**

**Please Fill Out All Information Below**

|                            |                |     |             |
|----------------------------|----------------|-----|-------------|
| Name:                      | Date of Birth: | Age |             |
| _____<br>City, State, Zip: |                |     |             |
| _____<br>Home Phone:       |                |     | Work Phone: |
| _____<br>Employer:         |                |     | Occupation: |

Submit