

Q &A — Attitude Questionnaire

On this questionnaire, a number of questions regarding your physical health are to be answered. Please answer every question as accurately as possible so that a correct assessment can be made. Please place a tick in the space to the left of the question to answer "Yes." Leave blank if your answer is "No." Please ask if you have any questions. Your responses will be treated in a confidential manner.

Name :: _____ Date :: _____

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete?

Yes No If yes, please specify: _____

3. Do you have any negative feelings toward, or have you had any bad experiences with, physical activity programs?

Yes No If yes, please specify: _____

4. Do you have any negative feelings toward, or have you had any bad experiences with, fitness testing?

Yes No If yes, please specify: _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the Mark the number that best applies.

Characterize your present athletic ability.

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

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

Yes No

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

_____minutes/day _____days/week

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

Yes No

Type(s): _____minutes/day _____days/week

Rate your perception of the exertion of your current exercise program. Mark the number that best applies.

Light Fairly Light Somewhat Hard Hard?

7. How long have you been exercising regularly?

_____Months _____Years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. Can you exercise during your work day?

Yes No

12. Would an exercise program interfere with your job?

- Yes No

13. Would an exercise program benefit your job?

- Yes No

14. What types of exercise interest you?

- | | | |
|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Other Aerobic |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Traditional Aerobics | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Stationary Biking | <input type="checkbox"/> Elliptical Striding | <input type="checkbox"/> Racquet Sports |
| <input type="checkbox"/> Stair Climbing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Yoga/Pilates |

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you?

16. By how much would you like to change your current weight?

(+) pounds _____ (-) pounds _____

17. Use the following scale to rate each goal separately:

Not Important		Somewhat Important				Extremely Important			
1	2	3	4	5	6	7	8	9	10

- a. Improve cardiovascular fitness _____
- b. Body-fat weight loss _____
- c. Reshape or tone my body _____
- d. Improve performance for a specific sport or activity _____
- e. Improve moods and ability to cope with stress _____
- f. Improve flexibility _____
- g. Increase strength _____
- h. Increase energy level _____
- i. Feel better _____
- j. Enjoyment _____
- k. Other _____

18. Other comments:

Signature: _____

Date: _____

Fitness Trainer (please print): _____

Fitness Trainer Signature: _____