

# Exercise Habits & Interests Questionnaire

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

## Recent Exercise Habits:

How many times per week are you active enough to break a sweat? \_\_\_\_\_

When you exercise, how long are you active? \_\_\_\_\_ minutes

On a scale from 1 to 10, how intense is your typical activity? \_\_\_\_\_

How many years have you exercised? \_\_\_\_\_

## In a Typical Week, How Many Minutes Do You Spend in the Following Activities?

Running/Jogging \_\_\_\_\_

Walking \_\_\_\_\_

Aerobics \_\_\_\_\_

Racquet Sports \_\_\_\_\_

Swimming \_\_\_\_\_

Weight Training \_\_\_\_\_

Biking \_\_\_\_\_

Skiing \_\_\_\_\_

Stair Climber \_\_\_\_\_

Yoga/Pilates \_\_\_\_\_

Other \_\_\_\_\_

## Place a Check Next to Your Activity Preferences or Interests:

- Aerobics Class
- Group Activities
- Running
- Swimming
- Other

- Free Weights
- Martial Arts
- Spinning
- Tennis

- Golf
- Outdoor Cycling
- Step Aerobics
- Walking