



Lab A2-2 *Examine Your Exercise History and Attitudes*

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

15–20 _____ 21–30 _____ 31–40 _____ 41–50+ _____

2. Are/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 experience with, physical activity programs?

Yes No If yes, please explain: _____

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

Yes No If yes, please explain: _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle 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 to 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 If yes, please specify the type of exercise(s): _____

_____minutes/day _____days/week

Rate your perception of the exertion of your exercise program
(circle the number).

(1) Light (2) Fairly light (3) Somewhat hard (4) Hard

(over)

LAB A2-2 (continued)

9. 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 school or work day?
 Yes No

12. Would an exercise program interfere with your academic progress or job?
 Yes No

13. Would an exercise program benefit your academic progress or job?
 Yes No

14. What types of exercise interest you?

<input type="checkbox"/> Walking	<input type="checkbox"/> Jogging	<input type="checkbox"/> Swimming
<input type="checkbox"/> Cycling	<input type="checkbox"/> Dance exercise	<input type="checkbox"/> Strength training
<input type="checkbox"/> Stationary cycling	<input type="checkbox"/> Rowing	<input type="checkbox"/> Racquetball
<input type="checkbox"/> Tennis	<input type="checkbox"/> Other aerobic	<input type="checkbox"/> Stretching

15. Rank your goals in undertaking exercise.
What do you want exercise to do for you?

Use the following scale to rate each goal separately.

Extremely important					Somewhat important					Not at all important
1	2	3	4	5	6	7	8	9	10	

- a. Improve cardiovascular fitness _____
- b. Body-fat or weight loss _____
- c. Reshape or tone my body _____
- d. Improve performance for a specific sport _____
- 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 _____

16. By how much would you like to change your current weight?
(+) _____ lb (-) _____ lb