

Physical Activity Questionnaire



Name: _____ Date: _____

In order to help provide the best exercise program for you, please answer the below questions.

1. Do you currently exercise? If yes, please indicate all forms of exercise.
2. Have you exercised in the past? If yes, please indicate all forms of exercise.

Why did you quit exercising?

3. How many days per week and how long per day can you commit to exercising?
4. List any fitness equipment that you have access to (home, gym, work, etc.)

Goals Questionnaire

1. What are your short-term goals?
2. What do you anticipate could prevent you from obtaining your short-term goals?
3. What are your long-term goals?
4. What do you anticipate could prevent you from obtaining your long-term goals?
5. Would you like to receive a motivational phone call or email? If yes, circle which one you would prefer:
phone call email