

Exercise History Name: _____ Date: _____

❖ What are you doing on a regular basis that gets you moving and gets your heart rate up? Every week I:

Activity 1 _____ x per week for _____ minutes

Activity 2 _____ x per week for _____ minutes

Activity 3 _____ x per week for _____ minutes

❖ Do you know what your intensity is in regards to your heart rate or how hard you are exerting yourself? Pulse rate per minute _____

❖ Do you have any pain or breathing problems with exercise?

❖ Do you have any orthopedic problems that might flare up during exercise?

❖ Have you had any injuries while exercising? _____ If yes, please describe: _____

❖ What types of aerobic exercise do you prefer? Walking, hiking, blading, jogging, treadmill, bicycling indoors, outdoors, EFX elliptical, stair climbers, swimming, water aerobics, aerobics classes, other _____

❖ What are your goals for exercise and are you meeting them?

❖ Are you interested in decreasing your risks for heart attacks and strokes? Y N

❖ Are you interested in improving your sleep? Y N

❖ Are you at your ideal body weight and if not what weight would you like for yourself?

❖ Are you satisfied with your program or are you bored by it?

❖ Are you able to schedule and follow through with your exercise? _____

What is the time of day best suited for you to exercise? _____

When do you have the most energy and time? _____

❖ If not what is your internal dialog or excuse? _____

❖ What are your controllable and uncontrollable road blocks to doing your exercise?

Are you ready to take action to make your exercise program work for you and your goals? _____

Do you do any strength training and if so what? _____

Have you lost any muscle over the last few years? _____ Do you have any goals for strength or your general shape or tone? _____

Do you do any balance training and if so what do you do? _____

Have you fallen in the past few months? Y N Do you feel like you are steady on your feet? Y N Do you feel like you have any balance problems? _____