Client Exercise History

Please mark one of the five categories below that best describes your current fitness level:

_____**Athlete**- involvement in competitive athletics that requires more than 7 hours per week

_____**Active**-exercising for at least 30 per day of 5 or more days per week

_____**Moderately** Active- physical activity for at least 20 minutes 3 days per week

_____ **Sedentary**-only normal daily activities with much of the day sitting throughout the week

What types of exercise do you do?_____

What type of exercise do you enjoy?_____

How long do you exercise each session?

A. 5-15 minutes B. 20-40 minutes C. 45-60 minutes

D. More than 60 minutes E. 0 minutes

Do you have any medical condition(s) that may limit your ability to exercise? Yes No

If yes, please explain why, when, and for what length of time?

_____

_____

Has a physician ever told you not to exercise? Yes No

If yes, please explain why, when, and for what length of time?

_____

_____

Please mark the following as a yes or no:

Do you handle stress well ?_____ Do you get enough sleep?_____

Do you eat balanced meals?_____ Do you drink alcohol often?_____

Is your job sedentary?_____ Do you set realistic goals?_____

Do you feel better after exercising?____