

# ACTIVITY QUESTIONNAIRE



Occupation

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Do you currently maintain an endurance exercise program? What type of exercise do you do?

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At what intensity level? (ie. walk 2 miles in 30 min. or walk 3 mph at 4% grade) How long?

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How many times a week?

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Do you strength train?

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Do you have home exercise equipment?

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What do you hope to gain from working with a trainer?

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List any specific goal you would like to achieve through an exercise program. What types of activities would you find enjoyable?

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List any medications or supplements that might affect exercising.

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List any current or previous injuries or conditions that might affect your exercise program.

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