



ascension fitness
Taking Your Performance To New Heights

Activity History Questionnaire

Name:		Date:	
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1. Please rate your activity level on a scale of 1 to 5 (1 = Not At All Active, 5 = Very Active) for each age range up to your present age.

15–20 yrs: _____ 21–30 yrs: _____ 31–40 yrs: _____ 41–50 yrs: _____ 51–60 yrs: _____

2. Were you a high school and/or college athlete? If yes, please specify:

3. Do you have any special feelings (positive or negative) towards physical activity or an exercise program? If yes, please specify:

4. Rate yourself on a scale of 1 to 5 (5 being highest) for each of the following statements:

- a. My present athletic ability: _____
- b. My present cardiovascular ability: _____
- c. My present muscular ability: _____
- d. My present flexibility capacity: _____
- e. When I exercise, how much I like it to be competitive: _____

5. Do you start exercise programs and then find yourself able to stick to them? Yes _____ No _____

6. How much time are you willing to devote to an exercise program?

_____ minutes per day _____ days per week

7. Are you currently involved in regular cardiovascular exercise? Yes _____ No _____

If yes, please specify what type:

_____ minutes per day _____ days per week

Please rate the exertion level of your current program, if applicable, by checking one of the following boxes:

- Light Fairly Light Somewhat Hard Hard



8. Are you currently on a strength-training program? Yes ____ No ____

If yes, please specify:

____ minutes per day ____ days per week

Please rate the exertion level of your current program, if applicable, by checking one of the following boxes:

Light

Fairly Light

Somewhat Hard

Hard

9. How long have you been exercising regularly? _____

10. What exercises, sports or recreational activities have you participated in the past six months?

11. Are you able to exercise on a workday? Yes ____ No ____

12. What days and hours are you available for an exercise program?

Please specify: _____

13. Rate the importance of the following fitness goals (1 = Not At All Important, 10 = extremely Important)

a. Improve cardiovascular fitness: ____

b. Reduce body fat / Lose weight: ____

c. Reshape or tone my body: ____

d. Improve my performance for a specific sport: ____

e. Improve my mood and the ease with which I can relax: ____

f. Improve flexibility: ____

g. Increase muscular strength: ____

h. Increase energy levels: ____

i. Gain an overall feeling of well-being: ____

j. Enjoy my workouts: ____



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14. Please specify your two most important fitness goals: