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## Lifestyle Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Physical Activity

1. In the past year, how often have you been engaged in physical activity?

- > 4 times/week
- 3 to 4 times/week
- 2 to 3 times/week
- 1 to 2 times/week
- 1 to 2 times/month
- None

2. List your current physical activities: \_\_\_\_\_

3. What types of physical activity do you consider "fun"? \_\_\_\_\_

4. What types of exercise interest you?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Walking           | <input type="checkbox"/> Jogging        | <input type="checkbox"/> Swimming          |
| <input type="checkbox"/> Cycling           | <input type="checkbox"/> Dance Exercise | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Rowing         | <input type="checkbox"/> Racquetball       |
| <input type="checkbox"/> Tennis            | <input type="checkbox"/> Other aerobic  | <input type="checkbox"/> Stretching        |

### Support/Exercise Adherence

5. What are your personal barriers to exercise (i.e., your reasons for not exercising)?

\_\_\_\_\_

6. What physical activity have you been successful with in the past (liked and participated in regularly)?

\_\_\_\_\_

7. Have you ever been at your desired fitness level?  Yes  No

If yes, when? \_\_\_\_\_ What were you doing? \_\_\_\_\_

8. Do you feel any family; friends or co-workers have negative feelings (i.e., disapproval, resentment) toward your efforts at physical activity?  Yes  No

9. Is your significant other or a close friend involved in any regular physical activity and supportive in your physical activity goals?  Yes  No

10. Do you start exercise programs but then find yourself unable to stick with them?  
 Yes  No

### Occupation/Leisure

11. What is your present occupation?



12. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)?

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13. What are your usual leisure activities?

14. What are the physical demands of these activities?

### **Stressors**

15. What types of things make you feel stressed?

16. How do you deal with your stress normally?

### **Dietary Patterns**

17. How many meals do you have per day?

18. How many snacks do you have per day?

19. Do you feel you eat healthy "most of the time"?

20. How many glasses of water do you drink per day?

### **Expectations**

21. Specifically describe what you would like to accomplish through your fitness program during the next:

1 month: \_\_\_\_\_

4 months: \_\_\_\_\_

1 year: \_\_\_\_\_

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Signature

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Date (YYYY/MM/DD)