

LIFESTYLE QUESTIONNAIRE

Name _____ Date _____

General Instructions: Please fill out this form as completely as possible.
If you have any questions, DO NOT GUESS! Ask for assistance.

Physical Activity

1. In the last 12 months how often have you participated in some kind of exercise?

3 to 4 times per week

1 to 2 times per week

1 to 2 times per month

Not at all i.e. may have been due to pregnancy or ill health

2. What sport or activity has worked for you in the past? _____

3. What type of exercise do you enjoy and where do you go to take exercise? _____

4. What form of sport or exercise do you dislike and why? _____

Occupation / Leisure

6. What is your present occupation? _____

7. Does your occupation involve much physical exercise i.e. lifting, walking? _____

8. What exercise or hobbies do you like to do in your spare time? _____

Stress

9. Rate yourself on a scale of 1 – 10. 1 being calmest 10 suffering badly

1 2 3 4 5 6 7 8 9 10

What situations make you feel stressed? _____

10. How do you relax? _____

Diet

11. Do you think you eat a healthy diet? _____

12. Do you eat breakfast? _____

13. Do you snack in between meals and if so what do you have _____

14. Do you think you eat more than you need? _____

15. How many calories do you think you consume in a day? _____

16. How many litres of water do you drink in a day? _____

Weight

17. Do you consider yourself overweight? _____

18. If yes, how much would you like to loose? _____

19. Is the rate at which you loose weight important to you? _____

Fitness

20. Rate yourself on a scale of 1 – 10 as to how fit you think you are

1 least fit 10 most fit circle the number that best applies.

1 2 3 4 5 6 7 8 9 10

21. How good is your stamina? 1 no stamina 10 High stamina

1 2 3 4 5 6 7 8 9 10

22. How strong do you think you are?

1 2 3 4 5 6 7 8 9 10

23. How flexible do you think you are?

1 2 3 4 5 6 7 8 9 10

24. How co-ordinated do you think you are?

1 2 3 4 5 6 7 8 9 10

25. How much time will you have to do exercise?

Minutes per Day.....Days per Week.....

Goals

What do you want exercise to do for you in the next

1 month _____

3 months _____

1 year _____

26. Rate your goals in undertaking exercise

Extremely important

Quite important

Not very important

27. Rate in your view, the following in importance 1 – 9.

1 Least important 9 Most important

a. Improve overall health _____

b. Improve your fitness _____

c. Reshape or tone my body _____

d. Improve my performance for a particular sport _____

e. Improve moods and stress levels _____

f. Improve flexibility _____

g. Increase strength _____

h. Increase energy levels _____

i. Enjoyment _____