

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

Minutes/day _____ Days/Week _____

Are you currently involved in a regular endurance (cardiovascular) program? Yes _____ No _____

If yes, how often and what activities? _____

How long has it been since you have been exercising regularly? _____

Do you start an exercise program and find you are unable to stick with it? Yes _____ No _____

Activities that interest you

- Walking
- Jogging
- Swimming
- Cycling/Spinning
- Dance Exercise
- Strength Training
- Elliptical Machine (Transport)
- Rowing
- Racquet Sports
- Water Exercise
- Stretching/Toning
- Cardiovascular Conditioning

Other _____

What do you hope a regular exercise program can help you achieve? Use the following scale to rate each goal separately.

Extremely Important	1	2	3	4	5	6	7	8	9	10	Not at all Important
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- Improve cardiovascular fitness
- Body fat/weight loss
- Reshape or tone my body
- Improve performance for a specific sport
- Ability to cope with stress
- Improve flexibility
- Increase strength
- Increase energy level
- Feel better
- Enjoyment
- Meet new people/make friends
- Other — Explain _____

Emergency

Please list a relative or friend whom we may contact in case of emergency.

Name _____ Phone _____