



# Exercise History

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## 1. What are you doing on a regular basis that gets you moving and gets your heart rate up?

Every week I do the following:

### Aerobic exercise:

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 3 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

### Strength exercise:

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 3 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

### Flexibility/balance exercise:

Activity 1 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 2 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

Activity 3 \_\_\_\_\_ x per week for \_\_\_\_\_ minutes

## 2. Do you know what your intensity is in regards to your heart rate or how hard you are exerting yourself?

Yes  No Pulse rate per minute \_\_\_\_\_

## 3. Do you have any pain or breathing problems with exercise?

Yes  No If yes, explain: \_\_\_\_\_

## 4. Do you have any joint or musculoskeletal problems that might flare up during exercise?

Yes  No If yes, explain: \_\_\_\_\_

## 5. Have you had any injuries while exercising?

Yes  No If yes, please describe: \_\_\_\_\_

## 6. What types of aerobic exercise do you prefer?

Walking, hiking, blading, jogging, treadmill, bicycling indoors, outdoors, EFX elliptical, stair climbers, swimming, water aerobics, aerobics classes, other \_\_\_\_\_

## 7. What are your goals for exercise and are you meeting them?

\_\_\_\_\_  
\_\_\_\_\_

## 8. Are you interested in decreasing your risks for heart attacks and strokes?

Yes  No

## 9. Are you interested in improving your sleep?

Yes  No

## 10. Are you at your ideal body weight?

Yes  No If not, what weight would you like for yourself? \_\_\_\_\_

## EXERCISE HISTORY

**11. Are you satisfied with your program or are you bored by it?**

Yes  No If bored, explain: \_\_\_\_\_

**12. Are you able to schedule and follow through with your exercise?**

Yes  No If not, what is your internal dialog or excuse? \_\_\_\_\_

**13. What are your controllable and uncontrollable road blocks to doing your exercise?**

\_\_\_\_\_  
\_\_\_\_\_

**14. What is the time of day best suited for you to exercise?**

\_\_\_\_\_

**15. When do you have the most energy and time?**

\_\_\_\_\_

**16. Are you ready to take action to make your exercise program work for you and your goals?**

Yes  No

**17. Do you do any strength training?**

Yes  No If yes, what? \_\_\_\_\_

**18. Have you lost any muscle over the last few years?**

Yes  No

**19. Do you have any goals for strength or your general shape or tone?**

Yes  No If yes, explain: \_\_\_\_\_

**20. Do you do any balance training?**

Yes  No If yes, what do you do and how often? \_\_\_\_\_

**21. Do you do regular stretching or flexibility exercises?**

Yes  No If yes, what do you do and how often? \_\_\_\_\_

**22. Have you fallen in the past few months?**

Yes  No

**23. Do you feel like you are steady on your feet?**

Yes  No

**24. Do you feel like you have any balance problems?**

Yes  No If yes, explain: \_\_\_\_\_

