



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: _____

