

**LIFESTYLE QUESTIONNAIRE**

Name: .....

Date: .....

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

<p><b>Physical Activity</b></p> <p>1. How often do you participate in exercise?</p> <p><input type="checkbox"/> 3 to 4 times per week</p> <p><input type="checkbox"/> 1 to 2 times per week</p> <p><input type="checkbox"/> 1 to 2 times per month</p> <p><input type="checkbox"/> Not at all</p>
<p>2. What exercise have you enjoyed in the past?</p>
<p>3. Do you have any negative feelings toward or have you had any bad experiences with exercise?</p>
<p>4. If you have been unable to exercise regularly what are the reasons?</p>
<p><b>Occupation/Leisure</b></p> <p>5. What is your present occupation?</p>
<p>6. Does your occupation involve much physical activity (i.e. lifting, walking)</p>
<p>7. What activities do you participate in during your leisure time?</p>

**Stress**

8. Do you suffer from stress?

- Never
- Sometimes
- Nearly always

9. What makes you stressed?

10. How do you deal with stress?

**Diet**

11. How many meals do you have per day?

12. How many snacks do you have per day?

13. Do you feel that you eat too much?

**Weight**

14. Do you have an issue with your weight?

15. What weight would you be happy at?

16. What is the lowest weight you have maintained in the last 3-4 years?

17. On a scale of 0 – 10 how motivated are you to get fit and lose weight?

18. What would increase your motivation?

**Fitness**

19. Rate yourself on a scale of 1 – 10 (i.e. 1 indicating the lowest value and 10 the highest)

Circle the number that best applies

What is your overall level of fitness?

1    2    3    4    5    6    7    8    9    10

What is your current stamina level?

1    2    3    4    5    6    7    8    9    10

How strong are you?

1    2    3    4    5    6    7    8    9    10

How flexible are you?

1    2    3    4    5    6    7    8    9    10

What is your current co-ordination capacity?

1    2    3    4    5    6    7    8    9    10

20. How much time do you have available / will allow to exercise?

**Goals**

21. What do you want to achieve from exercising?

Short Term

Medium Term

Long Term