Questionnaire: Exercise History

Are you currently involved in a regular exercise program? Yes No

Do you regularly walk or run 1 or more miles continuously? Yes No

If yes, what is the average number of miles you cover in a workout? _____

What is your average time per mile? _____

Do you lift weights? Yes No

Are you involved in an aerobic program? Yes No

If yes, what type(s)? _____

Do you frequently compete in competitive sports? Yes No

If yes which one(s) (circle all that apply)?

Golf	Volleyball
Bowling	Football
Tennis	Baseball
Raquetball	Track
Soccer	Other:_____
Basketball	Average number of times per week:_____

Are there any sports or activities you would like to participate in? If yes, why are you currently unable to do so?

_____

_____

_____

Do you have pain when participating in sport or activity? Yes No

If yes, please describe: _____

_____

_____

NOTES:_____

_____

_____

_____

_____

_____

NAME: _____

SIGNATURE:_____ DATE: _____

SIGNATURE OF PARENT:_____ WITNESS:_____
or GUARDIAN (for participants under the age of 18)