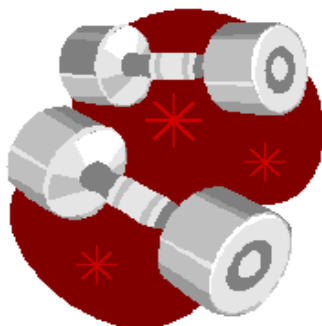




Instructions: Please fill in your responses like this using a No. 2 pencil.

Incorrect Marks

Fitness Questionnaire



All data collected and processed will be kept strictly confidential.

1. Name:

Please Print

Last

Grid for last name

First

Grid for first name

M.I.

Grid for middle initial

2. ID#

(optional)

Grid for ID number

3. Age

Age selection buttons

4. Sex

Male/Female radio buttons

5. How would you describe your overall physical activity/exercise level?

Activity level radio buttons

6. Do you spend time warming up and/or stretching before engaging in any physical exercise or sports activity?

Warming up radio buttons

7. How many days per week do you do flexibility exercises such as bending, stretching and twisting, for 10 minutes or more?

Days per week buttons

8. How many days per week do you exercise to improve strength and endurance, using free weights, weight training machines or calisthenics, for 30 minutes or more?

Days per week buttons

9. When doing strength training exercise describe your level of intensity/effort:

Intensity radio buttons

10. How many days per week do you engage in aerobic activity - continuous, rhythmic activity for 30 minutes or more? (Examples: fast walking, jogging, dancing, swimming, bicycling, etc.)

Days per week buttons

11. When doing aerobic exercise describe your level of intensity/effort:

Aerobic intensity radio buttons

12. How many days per week do you do physical labor (carrying fairly heavy objects, digging, raking, etc.) for 60 minutes or more?

Days per week buttons

13. How many days per week do you participate in some form of sports or recreational activity for 30 minutes or more (such as golf, racquet sports, softball, dancing, volleyball, bowling, etc.)?

Days per week buttons



14. How many days per week do you walk (or equivalent activity) for at least 20 minutes at a time? ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
15. To assess your flexibility level, indicate how far you can bend over and touch your toes without bending your knees.
 Near knees
 Between knees and toes
 Toes
 Beyond toes
16. To assess your strength level, indicate how many push-ups you can do in 60 seconds.
 Less than 10 21 - 30
 11 - 20 31 or more
17. To assess your aerobic fitness level, indicate how many minutes it would take you to go 1 mile.
 Over 30 minutes
 Between 20 and 30 minutes
 Between 10 and 19 minutes
 Under 10 minutes
18. If you are not physically active at this time, what would you be willing to do in the near future?
 Nothing
 Something minimal 1 - 2 days/week
 Moderate exercise 3 - 4 days/week
 Vigorous activity 5 or more days/week
19. When do you feel that you would be ready to work on your fitness level?
 Not an issue
 Not ready to change
 Willing to change soon
 Willing to change in the future
20. What is your height?
Feet ④ ⑤ ⑥ ⑦
Inches ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪
21. What is your weight? (Record to the nearest pound.) (if you are pregnant, record your normal weight.)
①00 ②00 ③00 ④00
①0 ②0 ③0 ④0 ⑤0 ⑥0 ⑦0 ⑧0 ⑨0
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
22. What is your percent body fat?
①0 ②0 ③0 ④0 ⑤0 ⑥0
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
23. What is your normal pulse rate for one minute? (If you do not know, measure it by doing the following: Sit quietly for several minutes. Place your fingers - not your thumb - lightly on the inside of your opposite wrist near your thumb. After you feel the pulse beat, count your pulse beat for 60 seconds.)
①00
①0 ②0 ③0 ④0 ⑤0 ⑥0 ⑦0 ⑧0 ⑨0
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
24. What is your blood pressure? Or, if you do not remember the value, was it...
Systolic (mmHg)
①00 ②00
①0 ②0 ③0 ④0 ⑤0 ⑥0 ⑦0 ⑧0 ⑨0
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Diastolic (mmHg)
①00
①0 ②0 ③0 ④0 ⑤0 ⑥0 ⑦0 ⑧0 ⑨0
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

or
A good
B fair
C poor
D do not know