

## LIFESTYLE QUESTIONNAIRE

Name:

Age:

Address:

Phone Number: (H)

(W)

Profession:

Weight:

Height:

Blood Pressure:

Cholesterol:

R.H.R.

Family health history:

Past injuries:

Current exercise situation:

Do you currently exercise?

If yes , how many times per week? 1-3 4-5 >5

How long are the sessions? 30mins 60mins 90mins

Activity levels at work?

Largely inactive

Lightly active

Heavily active

Previous exercise history? ( Eg, Sports played )

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## LIFESTYLE QUESTIONNAIRE CONT.

Goals: List the greatest to least of importance to you.

Feel healthier

Improve aerobic capacity

Improve ability to cope  
with stress

Improve strength

Reduce fat mass

Improve muscle size

Improve ability at sport

Improve flexibility

Improve muscle tone

Improve social life

Time availability

Likes

Dislikes

Strengths/weaknesses: ( Eg, swimming etc. )

Other Comments: