

Exercise History

Personal Exercise History

What are you doing on a regular basis that gets you moving and gets your heart rate up?

Every week I:

Activity 1 _____ x per week for _____ minutes

Activity 2 _____ x per week for _____ minutes

Activity 3 _____ x per week for _____ minutes

Do you know what your intensity is in regards to your heart rate or how hard you are exerting yourself? Pulse rate per minute _____

Do you have any pain or breathing problems with exercise?

Do you have any orthopedic problems that might flare up during exercise?

Have you had any injuries while exercising? _____ If yes, please describe:

What types of aerobic exercise do you prefer? Walking, hiking, treadmill, bicycling indoors, outdoors, elliptical, stair climbers, swimming, water aerobics, aerobics classes, other

What are your goals for exercise and are you meeting them?

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Are you satisfied with your program or are you bored by it?

Are you able to schedule and follow through with your exercise?

What is the time of day best suited for you to exercise?

When do you have the most energy and time?

If not what is your internal dialog or reasons for not exercising?

What are your controllable and uncontrollable road blocks to doing your exercise?

Are you ready to take action to make your exercise program work for you and your goals?

Do you do any strength training and if so what?

Have you lost any muscle over the last few years? _____

Do you have any goals for strength or your general shape or tone? _____

Do you do any balance training and if so what do you do?

Have you fallen in the past few months? Y N

Do you feel like you are steady on your feet? Y N