

YoLarates™ Exercise History & Attitude Questionnaire & Goals

Name: _____ Date: _____

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

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20_____ 21-30_____ 31-40_____ 41-50_____ 51+_____

2. Were you a high school and/or college athlete?

☐ Yes ☐ No If yes, please specify _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

☐ Yes ☐ No If yes, please explain _____

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

☐ Yes ☐ No If yes, please explain _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest). Circle the number that best applies.

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity.

1 2 3 4 5

Characterize your present muscular capacity.

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick with them?

☐ Yes ☐ No

7. How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

☐ Yes ☐ No If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days/week

Rate your perception of the exertion of your exercise program
(circle the number):

(1) Light (2) Fairly light (3) Somewhat hard (4) Hard

9. How long have you been exercising regularly?

_____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. Can you exercise during your work day?

☐ Yes ☐ No

12. Would an exercise program interfere with your job?

☐ Yes ☐ No

13. Would an exercise program benefit your job?

☐ Yes ☐ No

14. What types of exercise interest you?

☐ Walking ☐ Jogging ☐ Strength training

☐ Cycling ☐ Traditional aerobics ☐ Racquet sports

☐ Stationary biking ☐ Elliptical striding ☐ Yoga/Pilates

☐ Stair climbing ☐ Swimming ☐ Other activities

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you? _____

Use the following scale to rate each goal separately:

Not at all Important				Somewhat Important				Extremely Important	
1	2	3	4	5	6	7	8	9	10
a. Improve cardiovascular fitness								_____	
b. Lose weight/body fat								_____	
c. Reshape or tone my body								_____	
d. Improve performance for a specific sport								_____	
e. Improve moods and ability to cope with stress								_____	
f. Improve flexibility								_____	
g. Increase strength								_____	
h. Increase energy level								_____	
i. Feel better								_____	
j. Enjoyment								_____	
k. Social interaction								_____	
l. Other								_____	

16. By how much would you like to change your current weight?

(+) _____ lbs

(-) _____ lbs