Client Identifier: _____

Physical Activity Level Questionnaire

Current Exercise Program

1.Do you exercise regularly? □ Yes □ No

1a. If not, are you interested in starting to exercise regularly? □ Yes □ No

2. Are there any medical conditions that preclude you from exercising? □ Yes □ No
Specify:

3. Do you have a medical condition or other physical reason not mentioned here that might need *special attention* in an exercise program (such as insulin-dependent diabetes, injury….). □ Yes □ No
Specify:

If you answered yes to Question 1, please complete the following:

Activity	Times Per Week	Minutes Per Session
□ Brisk Walking		
□ Aerobics		
□ Dance		
□ Run		
□ Bicycle		
□ Team Sports Specify:		
□ Yoga		
□ Stretching		
□ T'ai Chi Chaun		
□ Weight Lift		
□ Swimming		
□ Skiing		
□ Rope Jumping		
□ Other:		
□ Other:		

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