1. Have you been cleared for exercise?  □ Yes  □ No

2. What are you doing on a regular basis that gets you moving and gets your heart rate up?
   **Cardio/Aerobic exercise:** (e.g., walking, jogging, running, dancing)
   Activity 1 ___________________________________________________  ______ x per week for _______ minutes
   Activity 2 ___________________________________________________  ______ x per week for _______ minutes

   **Strength/Resistance exercise:** (e.g., resistance machines, kettle bell, pilates, weightlifting)
   Activity 1 ___________________________________________________  ______ x per week for _______ minutes
   Activity 2 ___________________________________________________  ______ x per week for _______ minutes

   **Flexibility/Stretching exercise:** (e.g., yoga, pilates, matwork, stretches)
   Activity 1 ___________________________________________________  ______ x per week for _______ minutes
   Activity 2 ___________________________________________________  ______ x per week for _______ minutes

   **Balance exercise:** (e.g., tai chi, qi gong, bosu ball, dancing)
   Activity 1 ___________________________________________________  ______ x per week for _______ minutes
   Activity 2 ___________________________________________________  ______ x per week for _______ minutes

3. How do you monitor your exercise intensity?

<table>
<thead>
<tr>
<th></th>
<th>General Intensity</th>
<th>Talk Test</th>
<th>Perceived Exertion</th>
<th>Heart Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light</td>
<td>Able to talk and/or sing</td>
<td>&lt; 3 (10 point scale)</td>
<td>&lt; 64% HR_max</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>Able to talk but not sing</td>
<td>3–4 (10 point scale)</td>
<td>64–76% HR_max</td>
<td></td>
</tr>
<tr>
<td>Vigorous/hard</td>
<td>Difficulty talking</td>
<td>≥ 5 (10 point scale)</td>
<td>&gt;76% HR_max</td>
<td></td>
</tr>
</tbody>
</table>

4. Are you satisfied with your current exercise program?  □ Yes  □ No
   If no, explain ____________________________________________________________________________________

5. What are your motivators for exercise? (Check all that apply)
   □ Prevent cardiac disease and stroke  □ Decrease stress
   □ Reduce blood pressure  □ Improve sleep
   □ Control blood glucose  □ Weight reduction
   □ Prevent bone loss  □ Increase mental alertness
   □ Increase energy  □ Better endurance
   □ Increase self esteem  □ Increase interest in sex
   □ Improve mood  □ Other __________________________

6. What types of aerobic exercise do you prefer? (Circle all that apply)
   Walking, hiking, blading, jogging, treadmill, bicycling indoors/ outdoors, EFX elliptical, stair climbers, swimming, rowing, water aerobics, aerobics classes, cross country skiing, downhill skiing/snowboarding, snowshoeing, other ______________

7. What do you like most about exercising?
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

*Not an appropriate measure of intensity if taking a Beta Blocker

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EXERCISE HISTORY QUESTIONNAIRE

8. Do you have an exercise partner?  □ Yes  □ No
9. Do you enjoy group exercise or classes?  □ Yes  □ No
10. Are you a member of a gym or fitness center?  □ Yes  □ No
11. Are there any obstacles you have to engaging in movement and physical activity?  □ Yes  □ No
   a. If yes, what are they?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   b. If yes, do you have control over the circumstances surrounding your obstacles? How can you overcome them?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   c. Are any of your obstacles out of your control? If yes, which ones?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   d. What are some possible solutions around these obstacles? What has worked before?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

12. What is the best time of day for you to exercise? ________________________________________________________________
13. When do you have the most energy and time? ________________________________________________________________
14. Are you ready to take action to make your exercise program work for you and your goals?  □ Yes  □ No
15. Do you have any goals related to you strength, tone, body composition, or fitness level?  □ Yes  □ No
    If yes, explain: ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

16. Do you experience any pain or breathing problems while exercising?  □ Yes  □ No
    If yes, explain: ___________________________________________________________________________________
17. Do you have any joint or musculoskeletal problems that might flare up during exercise?  □ Yes  □ No
    If yes, explain: ___________________________________________________________________________________
18. Have you had any injuries while exercising?  □ Yes  □ No
    If yes, explain: ___________________________________________________________________________________
19. Have you experienced a loss of muscle tissue or a decline in strength over the last few years?  □ Yes  □ No
20. Have you fallen in the past few months?  □ Yes  □ No
21. Do you notice any balance problems?  □ Yes  □ No
    If yes, explain: ___________________________________________________________________________________
22. Do you have any of the following exercise contraindications? (Check all that apply)
    □ Acute systemic infection (i.e., fever, body aches, swollen lymph nodes, etc.)
    □ Arrhythmias
    □ Recent heart attack
    □ Severe congestive heart failure
    □ Uncontrolled angina/chest pain
    □ Other ________________________________________________________________