



Client Intake Form: Exercise History Questionnaire

Purpose: *This questionnaire is designed to understand your current exercise habits, fitness goals, and preferences to help guide your physical activity routine effectively.*

Client Information

- **Name:**
- **Date:**
- **Age:**
- **Gender:**
- **Height:**
- **Weight:**
- **Occupation:**

General Fitness Background

1. How would you rate your current fitness level?
 - () Beginner
 - () Intermediate
 - () Advanced
2. How often do you engage in physical activity per week?
 - () Rarely or never
 - () 1–2 times per week
 - () 3–4 times per week
 - () 5 or more times per week
3. What types of physical activities do you currently participate in?
 -

4. Do you enjoy exercising?

- () Yes
- () No
- () Sometimes

Exercise Goals

5. What are your primary goals for exercising? (Select all that apply)

- () Weight loss
- () Muscle gain
- () Improve endurance
- () Increase strength
- () Improve flexibility or mobility
- () Enhance mental well-being
- () Manage or prevent a health condition
- () Other: _____

6. Do you have a specific goal or event you are training for (e.g., a race, wedding, vacation)?

- () Yes: _____
- () No

Medical & Physical Considerations

7. Do you have any medical conditions, injuries, or physical limitations that may affect your ability to exercise?

- () Yes: _____
- () No

8. Are you currently under the care of a physician or therapist for any physical condition?

- () Yes
- () No

9. Are there any specific movements or activities you should avoid?

- () Yes: _____
- () No

10. Do you experience pain or discomfort during physical activity?

- () Yes: _____
- () No

Current Exercise Routine

11. How many minutes do you typically spend exercising in a single session?

- () Less than 15 minutes
- () 15–30 minutes
- () 30–60 minutes
- () More than 60 minutes

12. What types of exercise do you currently do? (Select all that apply)

- () Cardio (e.g., running, cycling)
- () Strength training (e.g., weightlifting, resistance bands)
- () Flexibility training (e.g., yoga, stretching)
- () Recreational activities (e.g., hiking, sports)
- () Other: _____

13. Where do you usually exercise?

- () Gym
- () Outdoors
- () At home

- Other: _____
- 14. Do you use any fitness tracking devices or apps?
- Yes: _____
- No

Preferences & Lifestyle

- 15. What type of exercise do you enjoy the most?
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- 16. Are there any exercises or activities you dislike or avoid?
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- 17. Do you prefer to exercise:
- Alone
- With a partner or group
- Either
- 18. What time of day do you prefer to exercise?
- Morning
- Afternoon
- Evening
- Varies
- 19. How much time can you realistically dedicate to exercise each week?
- Less than 2 hours
- 2–4 hours
- 5–7 hours
- More than 7 hours

Lifestyle Factors

20. Do you feel your current energy levels support regular exercise?

- Yes
- No

21. How well do you sleep at night?

- Poorly
- Fair
- Good

22. How would you rate your current stress levels?

- Low
- Moderate
- High

23. Do you feel you have adequate nutrition to support your fitness goals?

- Yes
- No

Reflection Questions

1. What motivates you to stay active or reach your fitness goals?
2. Are there any barriers or challenges that prevent you from exercising regularly?
3. Is there anything else you'd like to share about your fitness or physical activity?

Additional Notes

Please share any additional information you feel is important regarding your emotional health, lifestyle, or recent experiences: