

## Activity Questionnaire

Welcome to Health First Fitness, LLC. My name is Leslie Gallo. Since 1995, I have been working with individuals and groups who want to get fit but need motivation, information and support. I start by helping you identify how ready you are to make exercise a priority and what activities fit your needs and interests. Please complete this questionnaire, bring it with you to your initial visit along with your completed health history, and we'll get started.

1. How did you hear about Leslie and/or Health First Fitness?
2. Do you get some form of regular exercise? What type?
3. If yes, have you been exercising regularly for at least the past 6 months?
4. Do you have any experience with weight training?
5. Do you have any experience with yoga?
6. What time of day do you like to exercise? For how long?
7. What time of day is it typically impossible to workout? Why?
8. What is the biggest barrier to fitting exercise into your routine? Please consider intellectual, emotional and practical barriers.

9. Do you prefer working out alone or working out with a partner?
  
10. Are there activities you cannot do because of physical limitations? How serious are these limitations?
  
11. Have you ever sustained an injury that affects your mobility? What part? How are you affected?
  
12. Are you concerned about any part of your body being injured while exercising? What part? Why?
  
13. Do you feel you have the nutritional aspect of weight management under control? Why or why not?
  
14. If you consider yourself “out of shape,” when were you “in shape?” How was your life different then? What kind of program worked for you before?
  
15. Is there anything else you’d like me to know?

Please list your goals for this program:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***Thank you for taking the time to complete this form. I look forward to working with you!***