THE INSTITUTE FOR FUNCTIONAL MEDICINE®

Exercise History Questionnaire

Patient Name _____ *Date* _____

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 _____ _____ times per week for _____ minutes

Activity 2 _____ _____ times per week for _____ minutes

Strength/Resistance Exercise: (e.g., resistance machines, kettlebell, Pilates, weightlifting)

Activity 1 _____ _____ times per week for _____ minutes

Activity 2 _____ _____ times per week for _____ minutes

Flexibility/Stretching Exercise: (e.g., yoga, Pilates, mat work, stretches)

Activity 1 _____ _____ times per week for _____ minutes

Activity 2 _____ _____ times per week for _____ minutes

Balance Exercise: (e.g., tai chi, qigong, Bosu® ball, dancing)

Activity 1 _____ _____ times per week for _____ minutes

Activity 2 _____ _____ times per week for _____ minutes

3. How do you monitor your exercise intensity?

☐ General Intensity	☐ Talk Test	☐ Perceived Exertion	☐ Heart Rate (HR)*
· Light	· Able to talk and sing	· Less than 3 (out of 10)	· Under 64% of maximum
· Moderate	· Can talk but not sing	· Between 3-4 (out of 10)	· 64-76% of maximum
· Vigorous/hard	· Difficulty talking	· 5 or more (out of 10)	· Over 76% of maximum

*Heart rate is not an appropriate measure of exercise intensity if taking a beta-blocker.

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 heart disease
☐ Reduce blood pressure
☐ Control blood sugar
☐ Prevent bone loss
☐ Increase energy
☐ Increase self-esteem
☐ Improve mood
☐ Decrease stress
☐ Improve sleep
☐ Weight reduction
☐ Increase mental alertness
☐ Better endurance
☐ Increase interest in sex
☐ Other _____

6. What types of aerobic exercise do you prefer? (Check all that apply)

☐ Walking
☐ Hiking
☐ Rollerblading
☐ Jogging
☐ Treadmill
☐ Bicycling
☐ Elliptical
☐ Stair climber
☐ Swimming
☐ Rowing
☐ Water aerobics
☐ Aerobics classes
☐ Cross-country skiing
☐ Downhill skiing
☐ Snowboarding
☐ Snowshoeing
☐ Other: (write-in)

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7. **What do you like most about exercising?** _____

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

If yes, what are they?

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

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

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 your 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 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 conditions that would make exercise inadvisable? (Check all that apply)**

- ☐ Acute systemic infection (i.e., fever, body aches, swollen lymph nodes, etc.)
- ☐ Arrhythmias (heartbeat too fast or slow)
- ☐ Recent heart attack
- ☐ Severe congestive heart failure
- ☐ Uncontrolled angina (chest discomfort or pain)
- ☐ Other _____

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