



Exercise Assessment

Current Exercise program: Activity (list type, number of sessions/week, and duration of activity)

Activity	Type	Frequency per Week	Duration in Minutes
Stretching			
Cardio / Aerobics			
Strength Training			
Other (pilates, yoga, etc.)			
Sports or Leisure Activities (golf, tennis, rollerblading etc.)			

Rate your level of motivation for exercising: ☐ Low ☐ Medium ☐ High

List problems that limit your activity (if any):

Do you feel unusually fatigued after exercise? ☐ Yes ☐ No

If yes, please describe:

Do your muscles cramp during exercise? ☐ Yes ☐ No

If yes, please describe:



Do you feel very sore between workouts? ☐ Yes ☐ No

If yes, please describe:

How much recovery time do you give yourself between workouts?

Do you usually sweat when exercising? ☐ Yes ☐ No

Do you drink water before exercise? ☐ Yes ☐ No

Do you drink water after exercise? ☐ Yes ☐ No

Do you drink water during exercise? ☐ Yes ☐ No