



## 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):

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Do you feel unusually fatigued after exercise?  Yes  No

If yes, please describe:

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Do your muscles cramp during exercise?  Yes  No

If yes, please describe:

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Do you feel very sore between workouts?  Yes  No

If yes, please describe:

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How much recovery time do you give yourself between workouts?

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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