EXERCISE AND PHYSICAL ACTIVITY BACKGROUND AND GOALS

What are your weight management, health-related, or sport-performance related goals?
1.__________________________________________________________________________________
2.__________________________________________________________________________________
3.__________________________________________________________________________________

What information do you hope to learn/take home from the Greek BODY CHALLENGE?
1.__________________________________________________________________________________
2.__________________________________________________________________________________
3.__________________________________________________________________________________

Have you ever had a fitness, body composition, or health assessment done before? □ Y □ N
If Yes, then: What service(s) did you have done? __________________________________________
How long ago? __________________________________________ Where? __________________________________________

How often do you do cardio exercise per week? _______ days/wk _________ mins/session

How long have you been implementing your current cardio program? ______ yrs ______ mo _______ wks

What cardiovascular activities do you enjoy doing?
☐ Walking ☐ Running ☐ Cycling ☐ Swimming ☐ Elliptical ☐ Stairclimbing ☐ Soccer
☐ Basketball ☐ Rowing ☐ Aerobic Group Fitness ☐ XC skiing
☐ Other: ______________________________________________________________________

Do you exercise with a Heart Rate monitor? □ Y □ N If Yes, What Brand/Model? ______________________
Do you know what your typical exercise heart rates are for:
Low intensity: _______ bpm Moderate Intensity: _______ bpm High Intensity: _______ bpm

If your participation in cardio exercise is minimal (less than 3 times per week), what are the reasons?
☐ lack of interest ☐ lack of time ☐ lack of facilities ☐ ill health ☐ injury ☐ Other: ______________________

How often do you strength train per week? _______ days/wk _________ mins/session

Please give a general list of strength exercises that you perform, and how many days per week you do them:

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<th>EXERCISE</th>
<th>times per week</th>
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How long have you been implementing your current strength training program? ______ yrs ______ mo _______ wks
If your participation in strength training is minimal (less than 2 times per week), what are the reasons?
☐ lack of interest ☐ lack of time ☐ lack of facilities ☐ ill health ☐ injury ☐ Other: ______________________

With respect to physical activity, how would you classify your work?
☐ sedentary (desk job) ☐ light (teaching) ☐ reasonably active (mailman) ☐ very active (i.e. aerobics instructor, construction)

Any other information that may be relevant to your fitness testing and exercise programming with the BODY CHALLENGE?