



TEEN PROGRAMS

Teen Exercise History Questionnaire

Name: _____

Date: _____

Address: _____

Home number: _____

Cell number: _____

E-mail address: _____

Date of birth: _____

What school do you go to? _____

Grade: _____

Do you work or have a job? _____

How many brothers and sisters do you have? _____

Contact in case of emergency: _____

Current Weight: _____

How long at this weight? _____

Height: _____

Do you think you are overweight? _____

Do you take a PE class at school? _____ How many days a week? _____

What do you like most about PE? _____

What do you like the least about PE? _____

Do you participate in any sports? _____ If yes, which one(s): _____

What did you like most about the sport(s)?

Does your mom or dad exercise? _____

Does your family own any type of exercise equipment? (Please list.):

What are your current activities outside of school?

Would you be interested in learning more about fitness and/or good nutrition through reading or watching a video? _____

Do you think you eat healthy? _____

Do you drink soda (if so how much daily)? _____

How much water do you drink daily? _____

**Please rate yourself on a scale 1 – 5 (1 indicating the lowest level and 5 the highest).
Check the appropriate box number that best applies:**

What would you say your present athletic ability is now?

1 2 3 4 5

When you play in a sport, how important is competition?

1 2 3 4 5

What would you say is your current strength level is?

1 2 3 4 5

What would you say is your current flexibility level?

1 2 3 4 5

What would you say about your current speed in running?

1 2 3 4 5

What types of physical activity interests you? Check all that apply.

- Walking Jogging Swimming Biking Tennis Weight Training
 Stretching Yoga Golf Volley Ball Baseball/Softball Football Soccer
 Other: _____

Use the following scale to rate each goal separately:

Not at all Important					Somewhat Important					Extremely Important
1	2	3	4	5	6	7	8	9	10	

Improve endurance: _____

Reshape or tone body: _____

Increase strength: _____

Improve flexibility: _____

Increase energy level: _____

Improve performance for a specific sport: _____

Feel better: _____

Enjoyment: _____