



PARKER FITNESS

TRAINING & NUTRITION

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EXERCISE & ACTIVITY QUIZ

YOUR NAME _____

DATE _____

Exercise & Activity Habits

Check any statements that apply to you. Count actual time spent on activity only.

- My job requires that I be on my feet and moving _____ hours a day. *(ex: waitress, industrial inspector, nurse)*
- My job requires that I be on my feet _____ hours a day, but move around very little. *(ex: sales clerk)*
- My job is physically demanding for _____ hours a day. *(ex: lifting, carrying, shoveling, climbing)*
- I have a desk job but leave my desk regularly to run errands, greet visitors, attend meetings, etc. at least _____ times an hour.
- I am a parent who assumes primary responsibility for a preschool child, age(s): _____
In an average day, I walk _____ miles. *(walking at least one mile at a time without stopping)*
In an average day, I climb _____ flights of stairs.
I perform household chores an average of _____ hours a week. *(ex: laundry, cleaning, cooking)*
I engage in leisure or light sports activities _____ hours a week. *(ex: doubles tennis, softball, volleyball, social dancing)*
I engage in vigorous exercise _____ times a week for _____ minutes each time. *(ex: running, biking, swimming)*
How fit do you feel now? *out of shape* 1 2 3 4 5 *extremely fit*

Fitness Goals

Please list your fitness goals:

How long do you think it will take to achieve these goals?

What are your favorite exercise activities?

What types of other exercises/activities have you tried in the past?

Have you had any negative exercise experiences?

How committed are you to improving your fitness at this time? *a little* 1 2 3 4 5 *very committed*