THE INSTITUTE FOR FUNCTIONAL MEDICINE®

Exercise History Questionnaire

Patient Name_____ Date_____

1. Have you been cleared for exercise? ☐ Yes ☐ No

2. What are you doing on a regular basis that gets you moving and gets your heart rate up?

Cardio/Aerobic exercise: (e.g., walking, jogging, running, dancing)

Activity 1_____ _____ x per week for _____ minutes

Activity 2_____ _____ x per week for _____ minutes

Strength/Resistance exercise: (e.g., resistance machines, kettle bell, pilates, weightlifting)

Activity 1_____ _____ x per week for _____ minutes

Activity 2_____ _____ x per week for _____ minutes

Flexibility/Stretching exercise: (e.g., yoga, pilates, matwork, stretches)

Activity 1_____ _____ x per week for _____ minutes

Activity 2_____ _____ x per week for _____ minutes

Balance exercise: (e.g., tai chi, qi gong, bosu ball, dancing)

Activity 1_____ _____ x per week for _____ minutes

Activity 2_____ _____ x per week for _____ minutes

3. How do you monitor your exercise intensity?

☐ General Intensity	☐ Talk Test	☐ Perceived Exertion	☐ Heart Rate*
Light	Able to talk and/or sing	< 3 (10 point scale)	< 64% HR_{max}
Moderate	Able to talk but not sing	3–4 (10 point scale)	64–76% HR_{max}
Vigorous/hard	Difficulty talking	≥ 5 (10 point scale)	>76% HR_{max}

4. Are you satisfied with your current exercise program? ☐ Yes ☐ No

If no, explain _____

5. What are your motivators for exercise? (Check all that apply)

☐ Prevent cardiac disease and stroke
☐ Reduce blood pressure
☐ Control blood glucose
☐ Prevent bone loss
☐ Increase energy
☐ Increase self esteem
☐ Decrease stress
☐ Improve sleep
☐ Weight reduction
☐ Increase mental alertness
☐ Better endurance
☐ Increase interest in sex

EXERCISE HISTORY QUESTIONNAIRE

8. Do you have an exercise partner? ☐ Yes ☐ No

9. Do you enjoy group exercise or classes? ☐ Yes ☐ No

10. Are you a member of a gym or fitness center? ☐ Yes ☐ No

11. Are there any obstacles you have to engaging in movement and physical activity? ☐ Yes ☐ No

a. If yes, what are they?

_____

_____

_____

b. If yes, do you have control over the circumstances surrounding your obstacles? How can you overcome them?

_____

_____

_____

c. Are any of your obstacles out of your control? If yes, which ones?

_____

_____

_____

d. What are some possible solutions around these obstacles? What has worked before?

_____

_____

_____

12. What is the best time of day for you to exercise? _____

13. When do you have the most energy and time? _____

14. Are you ready to take action to make your exercise program work for you and your goals? ☐ Yes ☐ No

15. Do you have any goals related to you strength, tone, body composition, or fitness level? ☐ Yes ☐ No

If yes, explain: _____

16. Do you experience any pain or breathing problems while exercising? ☐ Yes ☐ No

If yes, explain: _____

17. Do you have any joint or musculoskeletal problems that might flare up during exercise? ☐ Yes ☐ No

If yes, explain: _____

18. Have you had any injuries while exercising? ☐ Yes ☐ No

If yes, explain: _____

19. Have you experienced a loss of muscle tissue or a decline in strength over the last few years? ☐ Yes ☐ No

20. Have you fallen in the past few months? ☐ Yes ☐ No

21. Do you notice any balance problems? ☐ Yes ☐ No