

## **Physical Activity History:**

## Would you be open to discussing your physical activity with your health care provider? YES/ NO

If YES, please answer the following questions to the best of your ability:

On average, how many minutes do you engage in exercise at this level?
On average, how would you rate the intensity of your physical activity? Please circle: Mild (can easily talk or sing while engaging in activity), Moderate (can talk, but breathing harder, can't sing), or Vigorous (can't talk, breathing very hard)
What type of activity are you engaged in? Examples: Walking, running, weightlifting, yoga, tennis, etc:
Which types of physical activity do you currently enjoy or have you enjoyed in the past?
If there are activities that you previously engaged in that you are no longer doing, when and why did you stop engaging in the activity?
<b>Barriers to physical activity</b> (circle all that apply): Time, access to exercise equipment, safe places to be active, physical pain or discomfort, fatigue, lack of interest or motivation, lack of knowledge other:
If you have a step tracker, such as a pedometer or other fitness tracker, how many steps do you average per day?
How would you rate your day-to-day activity levels? Please circle: Very sedentary, Lightly active, Moderately active, Very active
On a scale of 1-5, (1 being not important at all, 5 being very important) how important do you think physical activity is to your overall health?
On a scale of 1-5, (1 being dissatisfied and 5 being very satisfied) how satisfied are you with your current activity levels?
On a scale of 1-5, (1 being not ready at all, and 5 being completely ready), how ready are you to make changes to your activity levels?