

HOW ACTIVE ARE YOU?

1. Daily Activities

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

1) *Yes, limited a lot*; 2) *Yes, limited a little*; 3) *No, not limited at all*

- 1 2 3 - Lifting or carrying groceries (Check one).
- 1 2 3 - Moving a table, vacuuming (Check one).
- 1 2 3 - Climbing several flights of stairs (Check one).
- 1 2 3 - Walking several blocks (Check one).

2. Walking

How many days per week do you walk outside: _____

Do you use treadmill: yes no If yes, how often and how long? _____/ _____

Do you walk on pavement or natural surfaces? _____

What type of shoes do you wear for walking? _____

Do you make 10000 steps a day? _____

3. Aerobic activity

How many days per week do you engage in aerobic exercise of at least 20 to 30 minutes in duration (brisk walking, cycling, jogging, swimming, aerobic dance, active sports, or gardening)? (Check one).

- No exercise program
- One day a week
- Two days a week
- Three days a week
- Four days a week
- Five days a week
- Six days a week
- Seven days a week

4. Strength

How many times per week do you do strength-building exercises such as sit-ups, push-ups, or use strength training equipment? (Check one).

- None
- Once a week
- Twice a week
- Three plus times weekly

5. Stretching or yoga

How many times per week do you do stretching exercises to improve flexibility of your back, neck, shoulders, and legs? (Check one).

- None
- Once a week
- Twice a week
- Three plus times a week

6. Exercise classes

Do you participate in group workouts? (Check one).

- Yes
- No

If yes, please specify:

7. Fun activities

Which activities do you prefer? (Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Skiing - X country |
| <input type="checkbox"/> Running | <input type="checkbox"/> Skiing - downhill |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Stair Stepping |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Surfing | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Aerobics with Music | <input type="checkbox"/> Weight training |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Yard work / gardening |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Active Sports |
| <input type="checkbox"/> Handball / Racquetball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Hiking / Backpacking | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Skating | <input type="checkbox"/> Football |

Other – please specify:

8. Training

Do you workout with a personal trainer? (Check one).

- Yes
- No

9. Posture

Have you been informed about your posture prior to coming to Upright Posture Fitness?

- Yes
- No