

Physical Activity Questionnaire

Name: _____

Date: _____

Please complete this questionnaire, which will help you and your physician understand your physical activity patterns.

1. What types of physical activities do you enjoy?

2. How often do you participate in these activities?

3. What exercises do you do regularly?

4. How often, and for how long each time, do you do these activities?

5. What gets in the way of you consistently engaging in physical activity/exercise?

6. How many hours of television do you watch every day? _____

7. How many hours are you at a computer/desk every day? _____

8. What types of exercise equipment or exercise tapes do you have at home?

9. Do you belong to a health club? Yes No How often do you attend? _____

10. Which physical activity/exercise habits would you like to begin to change?

Adapted with permission from the Wellness Institute, Northwestern Memorial Hospital.

