



# Health & Fitness Challenge

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Physical Activity

1. In the last year, how often have you been engaged in physical activity?

- Regularly (3 to 4 times/week )
- Semi—regular ( 1 to 2 times/week
- Sporadic (1 to 2 times/week )
- None

2. What types of physical activity do you consider “fun “?

\_\_\_\_\_

3. What are your personal barriers to exercise (i.e. your reasons for not exercising )

\_\_\_\_\_

4. What physical activity have you been successful in the past?

\_\_\_\_\_

5. How do you think your effects your daily activities ?

\_\_\_\_\_

6. Do you feel any family, friends, or co—workers have negative feelings (i.e disapproval, resentment) toward your efforts at physical activity ?

\_\_\_\_\_

7. Is your significant other or a close friend involved in any regular activity ?

\_\_\_\_\_

## Occupation/Leisure

8. What types of things make you feel stressed? \_\_\_\_\_

9. What is your present occupation? \_\_\_\_\_

10. What are your usual leisure activities ? \_\_\_\_\_

## Stressors

11. What types of things make you feel stressed? \_\_\_\_\_

12. How do you deal with your stress ? \_\_\_\_\_

13. How many meals and /or snacks do you have per day ? \_\_\_\_\_

14. What would you estimate your caloric intake per day ? \_\_\_\_\_

Expectations: Describe what you would like to accomplish through this fitness program?