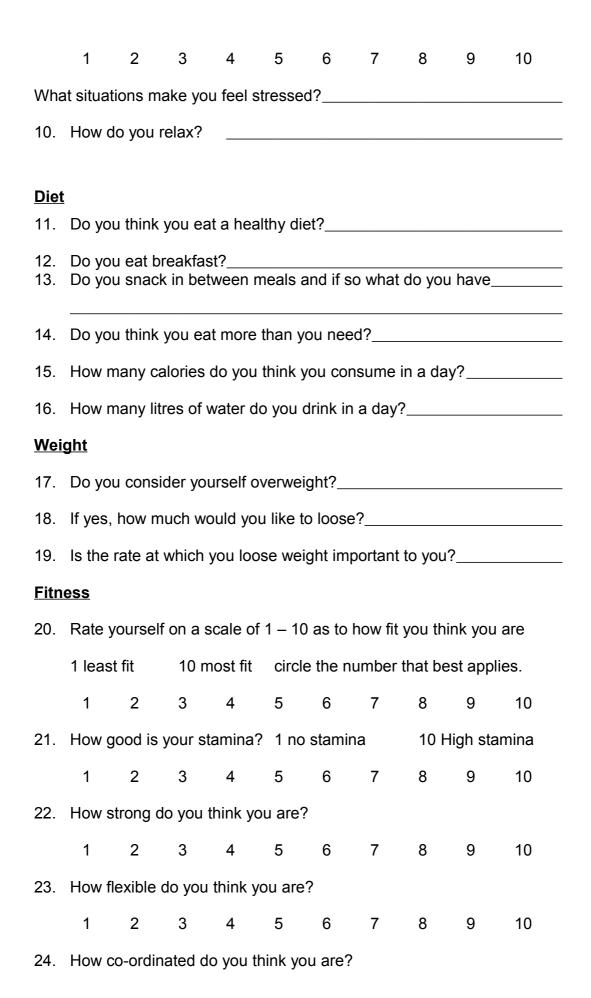
## LIFESTYLE QUESTIONNAIRE

Nam	eDate					
Gene	eral Instructions: Please fill out this form as completely as possible.					
If you have any questions, DO NOT GUESS! Ask for assistance.						
<b>Phys</b> 1.	sical Activity In the last 12 months how often have you participated in some kind of exercise?					
	3 to 4 times per week					
	1 to 2 times per week					
	1 to 2 times per month					
	Not at all i.e. may have been due to pregnancy or ill health					
2.	What sport or activity has worked for you in the past?					
3.	What type of exercise do you enjoy and where do you go to take exercise?					
4.	What form of sport or exercise do you dislike and why?					
<b>Occ</b> : 6.	upation / Leisure What is your present occupation?					
7.	Does your occupation involve much physical exercise i.e. lifting, walking?					
8.	What exercise or hobbies do you like to do in your spare time?					

## <u>Stress</u>

9. Rate yourself on a scale of 1 - 10. 1 being calmest 10 suffering badly



	1	2	3	4	5	6	7	8	9	10			
25.	How much time will you have to do exercise?												
	Minutes per DayDays per Week												
Goa	ı <u>ls</u>												
	What d	What do you want exercise to do for you in the next											
	1 month												
	3 months_												
	1 year_												
26.	26. Rate your goals in undertaking exercise												
	Extrem	ely im	portant		Quite	e impor	tant	Not	very im	portant			
2	27. Rat	e in yo	ur view	, the fo	ollowin	g in imp	oortand	e 1 – 9	9.				
		1 Lea	ast impo	ortant	9 Mc	st impo	ortant						
	a.	Impro	ove ove	erall he	ealth								
	b. Improve your fitness												
	c. Reshape or tone my body												
	d. Improve my performance for a particular sport												
	e. Improve moods and stress levels												
	f. Improve flexibility												
	g. Increase strength												
	h. Increase energy levels												
	i. Enjoyment												