

Exercise History

Please answer the following questions regarding your physical activities:

1) How would you describe your activity level?

- Vigorous
- Moderate
- Sedentary

2) How many times per week do you exercise?

- Daily
- 3-4 times per week
- 2-3 times per week
- Occasional
- Never

3) Please indicate which of the following activities you perform regularly:

- | | |
|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Football | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Running/Jogging | <input type="checkbox"/> Other |