

## Active Metabolic Training General Questionnaire

|                               |       |                                 |    |                      |                        |
|-------------------------------|-------|---------------------------------|----|----------------------|------------------------|
|                               |       |                                 |    |                      |                        |
|                               | Title | First Name                      | MI | Last Name            | Suffix                 |
| <input type="checkbox"/> Male |       | <input type="checkbox"/> Female |    | Birth Date: __/__/__ | Today's Date: __/__/__ |

1. Do you have known heart, vascular, lung, liver, kidney or thyroid disease?  Yes  No  
 If yes, are you currently taking medication for any of the above conditions?  Yes  No
2. Are you currently taking medication for diabetes?  Yes  No
3. Are you currently taking medication for high blood pressure?  Yes  No
4. Are you currently taking medication for your cholesterol and/or triglycerides?  Yes  No
5. Is your blood cholesterol level 200mg/dl or higher?  Yes  No  Don't know
6. Is your blood LDL ("bad") cholesterol 130 mg/dl or higher?  Yes  No  Don't know
7. Is your blood HDL ("good") cholesterol below 40 mg/dl?  Yes  No  Don't know
8. Is your blood HDL ("good") cholesterol 60 mg/dl or higher  Yes  No  Don't know
9. Is your fasting blood glucose ("sugar") 110 mg/dl or higher?  Yes  No  Don't know
10. Have your first-degree relatives (that is, parents, sisters, brothers, or children) developed heart disease or died suddenly at an early age (that is, before 55 if male; before 65 if female)?  Yes  No  Don't know
11. Are you pregnant or breast feeding?  Yes  No  Not applicable
12. Are you menstruating today?  Yes  No  Not applicable
13. What do you consider a good weight for yourself? \_\_\_\_\_ lbs.

# PHYSICAL ACTIVITY

## SECTION A: AEROBIC ACTIVITIES

1. Are you currently involved in a routine of regular exercise (moderate continuous exertion of at least 20 minutes duration on at least 3 days each week)? If NO, go to SECTION B – MUSCLE STRENGTHENING ACTIVITIES  Yes  No
2. How long have you been exercising regularly? \_\_\_\_ Yrs. \_\_\_\_ Mos. \_\_\_\_ Wks.
3. For the LAST MONTH which of the following activities have you performed regularly? (Please check YES for all that apply and NO if you do not perform the activity; provide an estimate of the amount of activity for all marked YES. Please be as complete as possible.)

### WALKING

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### JOGGING OR RUNNING

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### TREADMILL (Walking or Running)

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### BICYCLING (OUTDOORS)

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### STATIONARY CYCLING OR OTHER AEROBIC MACHINE

 YES  NO

Type of machine? \_\_\_\_\_

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### SWIMMING LAPS

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### AEROBIC DANCE OR FLOOR EXERCISES

 YES  NO

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

### RACQUET SPORTS (e.g. Racquetball, Tennis)

 YES  NO

Types? \_\_\_\_\_

How many workouts per week? \_\_\_\_

Average duration per workout? \_\_\_\_  
(minutes)

**SECTION B: MUSCLE STRENGTHENING ACTIVITIES**

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1. Are you currently involved in a muscle strengthening program?  Yes  No  
If YES, what type? (Check those that apply below)

Calisthenics  Free Weights  Weight Training Machines  Other (specify)\_\_\_\_\_

How many days per week do you do these exercises? \_\_\_\_Days per week

Average duration of workout? \_\_\_\_ (minutes)

**SECTION C: OCCUPATION RELATED PHYSICAL ACTIVITY**

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How active are you at work on most days? (Please check one of the following):

- Sedentary (mostly sitting or standing)
- Moderately Active (walking, light lifting, light packing, etc., some of the time)
- Active (walking, light-moderate lifting / carrying, half of the time or more)
- Very Active (brisk walking more than half the time, lifting / carrying heavy objects, shoveling, etc.)