

ADVANTAGE

Therapy Centers

Form PR - 1 EXERCISE EFFICACY ASSESSMENT

PATIENT NAME: _____ DATE: _____

Please answer each question truthfully, so we may better understand your exercise ability.

1. Have you ever been involved in a structured exercise program?
 Yes No

2. What has been your level of physical activity over the past year?
 None Very Little Some Normal

3. What is your perception of your health at the present time?
 Poor Fair Good Excellent

4. Do you disagree or agree with the following statement:
 "Exercise has little benefit to my overall health."

 Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

5. What is your confidence in your ability to exercise 20-30 minutes, 3 times per week over the next 2-3 months?

 0 10 20 30 40 50 60 70 80 90 100
 No confidence Fairly Confident Very Confident

6. Have you ever had success in engaging in leisure time physical activities?
 Yes No

7. Are your spouse and other family members supportive of your taking time to exercise?
 Yes No

8. Will scheduling exercise or traveling to an exercise facility be problematic for you?
 Yes No

9. How likely are you to begin to exercise 20-30 minutes, 3 times per week, over the next 2-3 months?

 0 1 2 3 4
 Not at all Not Very Somewhat Very Very, Very
 Likely Likely Likely Likely Likely