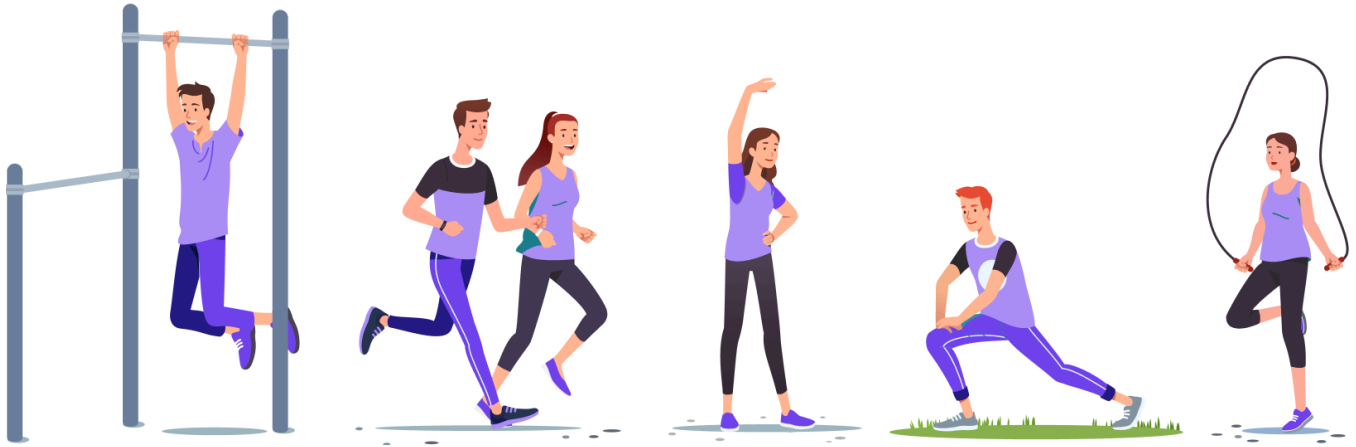


Exercise Worksheet

Name: _____ Date: _____



I. Goals and readiness

1. What are your primary fitness goals? (Check all that apply)

- ☐ Weight loss
- ☐ Improve endurance
- ☐ Muscle gain
- ☐ Increase flexibility
- ☐ General health and well-being
- ☐ Other:

2. Do you have any medical conditions, injuries, or physical limitations? If yes, briefly describe.

3. On a scale of 1 (lowest) -10 (highest), how motivated are you to exercise regularly?

II. Current activity level

1. How would you describe your current physical activity level? (Select one)

- ☐ Sedentary (little to no exercise)
- ☐ Lightly active (exercise 1-2 days per week)
- ☐ Moderately active (exercise 3-4 days per week)
- ☐ Very active (exercise 5+ days per week)
- ☐ Athlete or highly active (intense training regularly)

2. What types of physical activities do you currently engage in? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Walking | Yoga/pilates |
| <input type="checkbox"/> Running/jogging | Sports (e.g., basketball, soccer, tennis) |
| <input type="checkbox"/> Cycling | Other: |
| <input type="checkbox"/> Strength training | |

3. Do you have any exercise preferences or dislikes?

Preferences:

Dislikes:

III. Exercise plan and progress tracking**1. What days of the week are you available for exercise?****2. What is your preferred workout duration?**

- ☐ 15-30 minutes
- ☐ 30-45 minutes
- ☐ 45-60 minutes
- ☐ 60+ minutes
- ☐ Other:

3. What type of exercises do you want to incorporate? (Check all that apply)**4. How will you track your progress? (Check all that apply)**

- ☐ Strength training
- ☐ Cardio (running, cycling, etc.)
- ☐ Flexibility and mobility (yoga, stretching)
- ☐ High-intensity interval training (HIIT)
- ☐ Other:

- ☐ Measuring weight or body measurements
- ☐ Keeping a workout journal
- ☐ Monitoring endurance or strength gains
- ☐ Using fitness apps or devices
- ☐ Other:

5. Notes or additional comments: