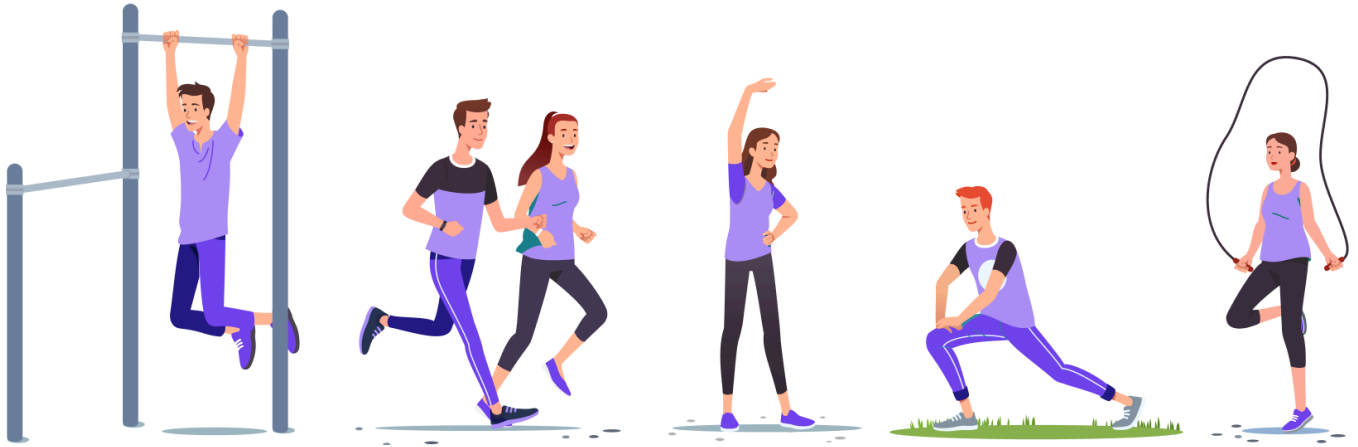


Exercise Worksheet

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)

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

4. How will you track your progress? (Check all that apply)

- 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: