

1. Have you experienced any unusual muscular pain in the last 6 months?  
(Please explain) \_\_\_\_\_ Y / N

2. Have you experienced any joint pain (requiring treatment) in the last 6 months? Y/N  
(ie neck pain, back pain) (Please explain) \_\_\_\_\_

3. Have you sustained a fracture or undergone joint replacement which causes  
you an on-going problem? Y/N  
(Please include nature of problem, treatment and name of treating  
Physician) \_\_\_\_\_

4. Do you, or your immediate family, suffer from chronic musculo-skeletal  
problems, such as osteoporosis or arthritis? Y/N  
(Please explain) \_\_\_\_\_

5. Have you had any surgery/operations in the previous 12 months?  
(Please explain) \_\_\_\_\_ Y / N

#### SECTION 5- PHYSICAL ACTIVITY

1. Do you currently engage in regular physical activity? Y/N  
(Please explain) \_\_\_\_\_

2. Does your job require you to be physically active? Y/N  
(Please explain) \_\_\_\_\_

3. Are you physically active on a regular basis? Y/N

4. What benefits would you like to gain from your exercise programme? (Tick one  
or more)

- Weight loss
- Weight Gain
- Weight maintenance
- Aerobic fitness
- Strength
- Rehabilitation
- Other \_\_\_\_\_

5. How many times per week do you want to dedicate to achieve your goals?

- Once
- Twice
- 3 or more times

6. How much time do you want to spend exercising in the gym?

- ½ hour
- 1 hour
- 1½ hours
- 2+ hours