

# Exercise Lifestyle Patterns Mini-Quiz

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** For each question, read the pattern description. If a pattern seems to describe you, put a check in the Yes box. When you finish, look at your quiz. If you checked Yes for more than one pattern, go back and put a star by the two patterns that you think best describe you.

Exercise Pattern	Pattern Description	This Describes Me
1. Are you a Couch Champion?	You don't like to exercise and spend most of your leisure time doing sedentary activities or relaxing on the couch.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you an Uneasy Participant?	You are not comfortable exercising around others, and this keeps you from going to a gym or exercising in public.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you a Fresh Starter?	You don't know the first thing about how to start an exercise program, but you are willing to learn with the proper instruction.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you an All-or-Nothing Doer?	You're either "on" or "off" when it comes to exercise—sometimes you work out excessively, sometimes you are completely sedentary.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you a Set-Routine Repeater?	You've been doing the same exercise routine for the past 3 months (or longer) without varying the type, duration, or intensity of exercise.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you a Tender Bender?	You have pain, an injury, or a condition that restricts what you can and cannot do in an exercise program.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are you a Rain Check Athlete?	You know you need to exercise and you want to, but you can't seem to find the time to fit it into your busy schedule.	Yes <input type="checkbox"/> No <input type="checkbox"/>