

# Fitness/ Activity Inventory

(Adapted from AAFP AIM-HI)



**WILDWOOD**  
**FAMILY CLINIC, S.C.**

"HEALTHCARE FOR ALL AGES"

Patient Name	Date of Birth	MRN
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Your overall health depends on regular physical activity, healthy eating and emotional well-being. We would like to partner with you to achieve goals in these areas. To start, please answer the following questions before your initial healthy coaching visit. (*Please note* – we will be working on these over time and will not address them all in your initial visit.)

- 1) How many hours a day, outside of work/school, do you spend on screen time (TV, videos, computer)?  
 1-2                       2-3                       more than 3
- 2) How many times a week do you do yard work, house work or duties on the job that cause you to work up a sweat?  
 4 or more                       1-3                       less than 1
- 3) How many times a week do you get out for a brisk walk of 10 minutes or more?  
 4 or more                       1-3                       less than 1
- 4) How many times a week do you participate in sports or an exercise program?  
 4 or more                       1-3                       less than 1

Describe the program/sport/class you participate in (exercise class, dance, yoga, basketball, etc.)

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- 5) What types of activities do you enjoy?  
 Sports                       Independent Activities                       Other Activities  
 Classes                       Outdoor Activities
- 6) What would motivate you to exercise/be more active?  
 Feel Better                       Lose Weight                       Stress Relief  
 Improve Health                       Socializing                       Other \_\_\_\_\_
- 7) What barriers do you perceive, now or in the past, prevents you from being more active/exercising?  
 Time                       Money                       Joint/Muscle Pain Limitations  
 Family Support                       Boredom/Disliking Activity                       Other \_\_\_\_\_