

Name:

Hospital Number:

<u>Exercise Behaviour Assessment Tool</u>		
	Do You Exercise...	Please tick if Yes
1	To burn calories?	
2	Because you must?	
3	Then once you start you can't stop?	
4	Alone?	
5	Daily, missing rest days?	
6	For health or fitness?	
7	Then feel fatigued by exercising?	
8	To inhibit other personal/social/educational/or vocational activities?	
9	Because it helps you maintain your weight?	
10	Repetitively and rigidly?	
11	Because you are annoyed, angry, or upset about something?	
12	Because it prevents deterioration in your osteoporosis?	
13	To lose weight?	
14	Because you feel guilty?	
15	To punish yourself	
16	To increase your self worth?	
17	To feel a sense of power or control?	
18	Because it improves your mood?	
19	Even if you are unwell, too tired, don't feel like it, or have other things to do?	
20	In secret, e.g. bathroom?	
21	Because you enjoy exercising and find it fun?	
22	Because you feel great anxiety if you are unable to exercise?	
23	Because it reduces your stress levels?	
24	Because it improves your body image?	
25	To feel worthy enough of eating?	
26	Because it helps you gain weight?	

Completed with:

Kate Brown, Physiotherapy Team Leader

Date: