

PERSONALIZED PHYSICIANS

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Physical Activity Inventory

Name: _____

Instructions: Please print out this list and cross off any activity you do not like or wish to do.

Aerobic Conditioning

Walking	Stationary bike	Aerobics classes
Jogging	Cycling	Kick boxing
Running	Rowing	Cross fit
Treadmill	Swimming	Elliptical trainer

Strength Training

Personal trainer	Free weights	Resistance bands
Fitness gym	Weight machines	Exercise balls
Pilates		Body weight exercises

Balance and Coordination

Dancing	Yoga	Tai chi
Meditation		Stretching

Sports and Recreation

Baseball	Gardening	Soccer
Basketball	Golf	Softball
Bowling	Hiking	Tennis
Camping	Martial arts	Water skiing
Football	Snow skiing	

Instructions: Please circle any areas of concern or limitation.

Areas of Concern

Neck	Ankles	Wrists
Back	Feet	Hands
Hips	Shoulders	Breathing
Knees	Elbows	Balance

Additional comments: