

Stroke Prevention Exercise Program – SPEP Exercise Habit Survey

The questions below help us learn about your exercise habits and preferences before your stroke. Please take a few minutes to answer them. When finished, share this page with your Physical or Occupational Therapist so they can suggest the best exercise program for you.

1. How often did you exercise before your stroke and for how long?
2. What types of exercise did you do before your stroke?
3. What types of exercise do you enjoy most?
4. What makes exercising pleasing or fun for you?
5. What are likely hurdles to exercising for you?
6. Do you have access to a fitness club?
7. Do you have exercise equipment in your home? If so, what do you have?
8. Do you have a family member or a friend who can exercise with you?
9. Do you have interest in starting an exercise program in the near future?