**Introduction**
An understanding of the public’s physical activities (PA) knowledge is important because this can help in developing health promotion and PA interventions. Overseas studies have assessed populations’ knowledge on exercise recommendations but locally there is a dearth of such data.

**Objectives**
To determine (1) Hong Kong Chinese adults’ PA knowledge, (2) the relationship of it with function of demographic variables e.g. gender, education, age, or types of chronic diseases and (3) the Hong Kong Chinese adults’ general attitudes towards exercise.

**Methodology**
Cross sectional study in one primary care centre using anonymous self-administered questionnaires was carried out. Subjects were a randomized sample of mentally competent Chinese aged 18 or above attending the clinic from May 2015 to June 2015. Outcome measures were categorized as: (1) knowledge on exercise guidelines, traditional and lifestyle PA and (2) attitudes towards exercise.

**Result**
From an overall response rate of 95.75% with 285 valid questionnaires received, the mean percentage of correct responses for exercise guidelines was 62.3%, 84.5% for traditional PA and 48.4% for lifestyle PA, respectively. The total mean percentage of correct responses was 67% (knowledge score 13.4 +/-3.34). The results were lower than that from overseas 76.8% (knowledge score 16+/-2.2). There was no significant difference between PA knowledge and gender, presence of chronic diseases, education levels (primary or below, secondary, tertiary or above) and age groups (18-35, 36-60, 61 or above) (p > .05), but the knowledge level for lifestyle PA was less than that of the traditional one (p< .001) overall. Finally, a weak correlation was found
between respondents’ activeness for a health benefit and the PA knowledge levels (p > .05). 266 (93.3%) respondents reported willingness to keep on or start exercise. The results suggest a need for more education about the latest PA recommendations, especially lifestyle PA. Besides, the lack of correlation between PA knowledge and actual behavior showed that knowledge itself might not affect behavior. Enhancement of public’s knowledge, motivation and psychosocial support along with stage of change intervention and proper counseling skills e.g. motivational interviewing education among health care workers, may result in PA behavior change to achieve health benefits.