



Fitness Assessment

Name:

Sex: Race: D.O.B.:

Height: Weight: Body Fat:

Measurements

Biceps: Buttocks: Hips:

Upper Thigh: Waist: Calves:

Mid-thigh: Chest: Body

Right/Left Handed: Posture: Type:

Parent Body Type:

Weight Loss

Desired:

Rockport 1-Mile

Walking Test:

Problem Areas:

3-Minute Step Test:

Resting Heart Rate:

Time Devoted to

Exercise:

Cardio.-Resp.

Fitness Desired:

Current Caloric

Intake:

Strength/Enduranc

e Desired:

Current Medication:

Flexibility Desired:

Current

Supplementation:

Total Energy

Required to

Activities, Past Year:

Total Energy

Required to Lose

Duration of

Activities:

Current Fat, Carb &

Protein Intake:

Intensity:

Work out Location

Preference:

Sleep per Night:

Current Level of

Fitness:

Time Devoted to

Relaxation:

Current Level of

Exercise:

Food Preferences:

Alcohol

Consumption:

Food Dislikes:

Social

Readjustment

Meals/Snacks: