

Personal Assessment Sheet

Date: _____

1. Medical Assessment

Blood Pressure Reading _____ (available at the local grocery or drug store).

Total Cholesterol _____ HDL _____ LDL _____ (check medical records)

Glucose Levels _____ (check medical records)

Resting Heart Rate _____ (Take in the morning prior to getting out of bed)

Target Heart Rate _____

2. Body Composition Assessment

BMI _____

or

Height _____

Weight _____

Neck _____

Waist _____

Hip _____

Results: _____ (Body Fat %)

3. Flexibility Assessment

Trunk Flexion: Meas: _____; Level: _____

Trunk Extension: Meas: _____; Level: _____

Shoulder Lift: Meas: _____; Level: _____

4. Cardiovascular and Strength Assessments

One Mile Walk: HR: _____; Time: _____; Level: _____

Bench Press (Absolute Strength) Weight: _____; Level: _____

Sit up (Muscular Endurance) Number: _____; Level: _____

Push up (Muscular Endurance) Number: _____; Level: _____

Current Level of Fitness (avg. of all assessments): _____

5. Nutritional Assessment

Daily Calorie Needs _____

Food Group Needs _____

Fiber _____

Sugar _____

Fats _____

Vitamin _____

Others _____

*****A Fitness Tool provided as a courtesy by GoWorkoutMom.com.*****