

**PERSONAL TRAINING FITNESS ASSESSMENT**

*Fill out to the best of your ability and knowledge.*

Sex: M/F Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Body Fat %: \_\_\_\_

Measurements (inches):

Biceps: \_\_\_\_ Upper Thigh: \_\_\_\_ Mid-thigh: \_\_\_\_ Buttocks: \_\_\_\_

Hips: \_\_\_\_ Waist: \_\_\_\_ Chest: \_\_\_\_ Calves: \_\_\_\_

Right/Left Handed: R/L

Posture: Body Type: \_\_\_\_\_

Parent Body Type: \_\_\_\_\_

Weight Loss Desired: \_\_\_\_\_ lbs

Problem Areas: \_\_\_\_\_

3-Minute Step Test: \_\_\_\_\_

[http://www.sparkpeople.com/resource/fitness\\_articles.asp?id=1115](http://www.sparkpeople.com/resource/fitness_articles.asp?id=1115)

1 mile run time: \_\_\_\_\_ Resting Heart Rate: \_\_\_\_\_

Cario Experience: Run, Eliptical, HIIT, Swim, Walk, Bike

Cardio.-Resp. Fitness Desired: \_\_\_\_\_

Weight Lifting Experience: 1-10: \_\_\_\_\_

Strength/Endurance Desired: \_\_\_\_\_

Flexibility Desired: \_\_\_\_\_

Current Level of Fitness: 1- 10: \_\_\_\_\_

Current Level of Exercise, type: \_\_\_\_\_

Time Devoted to Exercise weekly: \_\_\_\_\_

Fitness Activities, Past Year: \_\_\_\_\_

Duration of Activities: \_\_\_\_\_

Intensity: \_\_\_\_\_

Total Energy Required to Maintain Weight: \_\_\_\_\_

Total Energy Required to Lose Weight: \_\_\_\_\_

Current Daily Caloric Intake: \_\_\_\_\_

Current Intake, grams: Fat: \_\_\_\_\_, Carb: \_\_\_\_\_, Protein: \_\_\_\_\_

Glasses of H2O daily: \_\_\_\_\_

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Current Medications: \_\_\_\_\_

Current Supplementation: \_\_\_\_\_

Sleep hrs per Night: \_\_\_\_\_

Alcohol Consumption weekly, glasses: \_\_\_\_\_

Time Devoted to Relaxation: \_\_\_\_\_

Food Preferences: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Meals/Snacks: \_\_\_\_\_