

## PERSONAL TRAINING FITNESS ASSESSMENT

**Sex:**

**Race:**

**D.O.B.:**

**Height:**

**Weight:**

**Body Fat:**

**Measurements:**

Biceps:

Upper Thigh:

Mid-thigh:

Buttocks:

Hips:

Waist:

Chest:

Calves:

**Right/Left Handed:**

**Posture:**

**Body Type:**

**Parent Body Type:**

**Weight Loss Desired:**

**Problem Areas:**

**Rockport 1-Mile Walking Test:**

**3-Minute Step Test:**

**Resting Heart Rate:**

**Cardio.-Resp. Fitness Desired:**

**Strength/Endurance Desired:**

**Flexibility Desired:**

**Time Devoted to Exercise:**

**Current Caloric Intake:**

**Total Energy Required to  
Maintain Weight:**

**Total Energy Required to Lose Weight:**

**Current Fat, Carb & Protein Intake:**

**Current Medication:**

**Current Supplementation:**

**Activities, Past Year:**

**Duration of Activities:**

**Intensity:**

**Work out Location Preference:**

**Current Level of Fitness:**

**Current Level of Exercise:**

**Sleep per Night:**

**Alcohol Consumption:**

**Time Devoted to Relaxation:**

**Food Preferences:**

**Food Dislikes:**

**Meals/Snacks:**