FITNESS ASSESSMENT

This questionnaire is available for download in Microsoft Word format [here].

ANYFITNESS INC

Fitness Assessment Data Sheets

Name: _________________________    Date: ______________________

Phone number (Cell, work, home):
________________________________________________________________

Date of birth: ___________________ Age: ___________ Height: ________________

Resting heart rate: _______________ Resting BP: _______________ Weight: __________

Orthopedic Limitations

____________________________________________________________________

Circumference Measurements

Neck: _______________ Abdominal: _______________ Waist: _______________

Shoulder: _______________ Hip: _______________ Chest: _______________

Thigh (Mid): _______________ Arm: (L) _______________ (R): _______________

Body Composition

Percent bodyfat: _______________ Pounds of fat: _______________ Rating: _________

Muscular Endurance

Number of push-ups: _______________ Rating: _______________
Number of curl-ups: __________________           Rating: _________________

**Flexibility** (Modified Sit and Reach test) Best of three trials

Best Trial (inches): __________________  Rating: _________________

**General Screening**

Postural Screen: __________________________________________________________

Anterior Shoulder Flexibility: _______________________________________________

Cervical ROM: ____________________________________________________________

Resisted internal/external rotation: __________________________________________

Full Knee extension/flexion: ________________________________________________

Single & Double knee to chest: ______________________________________________