Fitness Questionnaire

Instructions

Please answer the following questions to the best of your ability. This questionnaire aims to assess your current fitness level.

Name:
Age:
Gender:
☐ Male
☐ Female
☐ Prefer not to say
Height: Please enter your height in feet and inches (or centimeters).
Weight: Please enter your weight in pounds (or kilograms).
Resting Heart Rate: Measure your resting heart rate by counting the number of beats per minute when you are at complete rest.
Cardiovascular Endurance
How would you rate your cardiovascular endurance?
Poor
□ Poor□ Below average
☐ Below average
□ Below average□ Average
Below average Average Above average
Below average Average Above average Excellent

	Below average	
	Average	
	Above average	
	Excellent	
Flexibility		
How would you rate your flexibility?		
	Poor	
	Below average	
	Average	
	Above average	
	Excellent	
Вос	dy Composition	
Wh	at is your estimated body composition?	
	Underweight	
	Normal weight	
	Overweight	
	Obese	
Exe	ercise Habits	
Ple	ase indicate the frequency and duration of your exercise or physical activity per week.	
Spe	ecific Fitness Tests	
If you have undergone any specific fitness tests (e.g., 1-mile run, push-up test, etc.), please provide the results if available.		

Health Conditions Do you have any existing health conditions, injuries, or physical limitations that may affect your ability to engage in certain exercises? If yes, please provide details. Fitness Goals Please specify your fitness goals or objectives. What do you hope to achieve through a fitness program?