## 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:
$\square$ Male
$\square$ Female
$\square$ 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?
$\square$ Poor
$\square$ Below average
$\square$ Average
$\square$ Above average
$\square$ Excellent

## Muscular Strength

How would you rate your muscular strength?
$\square$ Poor
$\square$ Below average
$\square$ Average
$\square$ Above average
$\square$ Excellent

## Flexibility

How would you rate your flexibility?
$\square$ Poor
$\square$ Below average
$\square$ Average
$\square$ Above average
$\square$ Excellent

## Body Composition

What is your estimated body composition?
$\square$ Underweight
$\square$ Normal weight
$\square$ Overweight
$\square$ Obese

## Exercise Habits

Please indicate the frequency and duration of your exercise or physical activity per week.

## Specific 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?

