

HEALTH & LIFESTYLE ASSESSMENTS

PERSONAL INFORMATION			
Name		Gender	
Date of birth		Age	
Phone		Email	

BODY MEASUREMENTS	
Height (cm)	
Weight (kg)	
BMI	
Body Fat %	
Resting Heart Rate	

Women				
Age	Underfat	Healthy Range	Overweight	Obese
20-40 yrs	Under 21%	21-33%	33-39%	Over 39%
41-60 yrs	Under 23%	23-35%	35-40%	Over 40%
61-79 yrs	Under 24%	24-36%	36-42%	Over 42%
Men				
Age	Underfat	Healthy Range	Overweight	Obese
20-40 yrs	Under 8%	8-19%	19-25%	Over 25%
41-60 yrs	Under 11%	11-22%	22-27%	Over 27%
61-79 yrs	Under 13%	13-25%	25-30%	Over 30%

WOMEN'S RESTING HEART RATE CHART						
AGE	18 - 25	26 - 35	36 - 45	46 - 55	56 - 65	65+
ATHLETE	54-60	54-59	54-59	54-60	54-59	54-59
EXCELLENT	61-65	60-64	60-64	61-65	60-64	60-64
GOOD	66-69	65-68	65-69	66-69	65-68	65-68
ABOVE AV	70-73	69-72	70-73	70-73	69-73	69-72
AVERAGE	74-78	73-76	74-78	74-77	74-77	73-76
BELOW AV	79-84	77-82	79-84	78-83	78-83	77-84
POOR	85+	83+	85+	84+	84+	84+
MEN'S RESTING HEART RATE CHART						
AGE	18 - 25	26 - 35	36 - 45	46 - 55	56 - 65	65+
ATHLETE	49-55	49-54	50-56	50-57	51-56	50-55
EXCELLENT	56-61	55-61	57-62	58-63	57-61	56-61
GOOD	62-65	62-65	63-66	64-67	62-67	62-65
ABOVE AV	66-69	66-70	67-70	68-71	68-71	66-69
AVERAGE	70-73	71-74	71-75	72-76	72-75	70-73
BELOW AV	74-81	75-81	76-82	77-83	76-81	74-79
POOR	82+	82+	83+	84+	82+	80+

Describe what you would like to accomplish with an exercise program throughout your personal training experience:

GOAL SETTING	
No	Question
1	What is the main reason behind why you are thinking of starting a fitness program? What is your number one goal? Please give specific answers:
2	What do you think you will need to do in order to reach above goals?
3	How long do you think you can achieve above goals?
4	How many times a week can you commit to work out?
5	What do you think your biggest challenge will be in meeting above goals?
6	What do you hope to learn from your Personal Training session?
7	Which body parts do you want to focus on first? You might give more than one answer.

Rank your goals in starting an exercise program. Rank below questions accordingly with different number from **1 to 10**. With 1 being the most important one, and 10 being the less important one:

GOAL EVALUATION	
Body-fat loss (weight loss)	
Build muscle (tone body)	
Improve cardiovascular fitness	
Increase energy level	
Improve Flexibility	
Maintain my workout consistency	
Ensures my workout are fun	
Improve performance for specific sport	
Exercise safely with proper form	
Improve moods & ability to cope with stress	

The following questions are designed for the purpose of reviewing and determining your health history, possible risk factors, fitness and activity level, attitude and also lifestyle.

LIFESTYLE ANALYSIS	
No	Question
1	What is your current occupation? And how long have you worked in that industry?
2	Does your occupation require much activity (walking, carrying things, moving around)?
3	Does your occupation require extended periods of sitting?
4	Does your occupation cause you anxiety? Explain:
5	How would you rate your daily stress level? (1 - 5 indicating from low - high stress level)
6	How do you normally deal with your stress?
7	How many hours of sleep do you get at night? What time do you usually go to bed?
8	Do you often partake in any recreational activity, such as golf, football, etc? Explain:
9	Do you have any hobby? Explain:
10	Do you smoke? How many cigarettes per day?

GENERAL HEALTH HISTORY	
No	Question
1	Have you ever had any pain or injury (ankle, knee, hip, shoulder, back, etc)? Explain:
2	Have you ever had any surgery?
3	Are you currently taking any medication?
4	Are you currently taking any supplements (multivitamin, minerals, etc)?
5	Has a medical doctor ever diagnosed you with a chronic disease (coronary heart disease, high blood pressure, diabetes, etc)? Explain:

DIETARY HABITS	
No	Question
1	How many meals, including snacks, do you have in a typical day?
2	Do you eat breakfast regularly?
3	When is generally your largest meal of the day?
4	How many glass of water do you drink in a typical day?
5	Do you know how much your average daily caloric intake? If yes, please write it down.
6	Do you drink alcohol? How often?
7	Are you now or have been on any kind of diet program in the past? Provide details.

STABILITY-MOBILITY ASSESSMENTS (SIMPLIFIED)

AREA	MOBILITY ASSESSMENT
Neck	
Shoulder	
Elbows	
Wrist	
Thoracic Spine	
Lumbar Pelvic	
Hip	
Knee	

AREA	STABILITY ASSESSMENT
Lumbar Pelvic	
Hip	
Knee	
Ankle	

Test References

AREA	MOBILITY TEST
Neck	Flexion Extension Lateral Flexion Rotation
Shoulder	Circumduction Reach Back Overhead Raise Elevation Depression
Elbows	Flexion Extension Supination Pronation
Wrist	Circumduction Flexion Extension Ulnar-Radial Deviation
Thoracic Spine	Flexion Extension Thoracic Twist Rotation
Lumbar Pelvic	Lateral Flexion Flexion Extension
Hip	Circumduction Flexion Extension
Knee	Flexion Extension

AREA	STABILITY TEST
Lumbar Pelvic	Straight-Arm Plank
Hip	Single Leg Stance
Knee	Single Leg Squat
Ankle	Single Leg Heel Raise

FITNESS TEST

SKILL-BASED FITNESS TEST

BODYWEIGHT SQUAT	REPS	LEVEL
Keep your feet shoulder-width apart and toes turned out slightly. Brace your core and lower until your thighs are parallel to the floor and your knees are in line with your feet. Push back to the start through your heels. Test is over when you can't maintain perfect form.	50+	Excellent
	30-49	Good
	16-29	Average
	<15	Poor

PUSH-UPS	REPS	LEVEL
Keep your body in a straight line and your elbows pointing back, not to the side. Lower until your chest touch the floor, then push back up. The test is over when you can't maintain perfect form.	50+	Excellent
	25-49	Good
	16-24	Average
	<15	Poor

PULL-UPS	REPS	LEVEL
Grip the bar overhand, extend your arms fully and let your body hang. Pull up until your chin is over the bar, squeezing your back. Lower again without swinging. The test is over when you can't do perfect repetition anymore.	12+	Excellent
	8-11	Good
	4-7	Average
	<3	Poor

ELBOW PLANK	TIME	LEVEL
Hold your body in a straight line from head to heels. Keep your feet together and your elbows beneath your shoulders. Look straight down and brace for as long as you can. Focus on keeping your hips from sagging. The test is over when you can't maintain perfect form.	120+ seconds	Excellent
	75-120 seconds	Good
	45-75 seconds	Average
	<45 seconds	Poor

FITNESS TEST

ENDURANCE-BASED FITNESS TEST

1KM RUN	TIME	LEVEL
Run for 1 kilometer.	180 seconds or less	Excellent
	180-210 seconds	Good
	210-240 seconds	Average
	240 seconds or more	Poor

COOPER TEST

Age		Very good	Good	Average	Bad	Very bad
13-14	M	2700+ m	2400 - 2700 m	2200 - 2399 m	2100 - 2199 m	2100- m
	F	2000+ m	1900 - 2000 m	1600 - 1899 m	1500 - 1599 m	1500- m
15-16	M	2800+ m	2500 - 2800 m	2300 - 2499 m	2200 - 2299 m	2200- m
	F	2100+ m	2000 - 2100 m	1700 - 1999 m	1600 - 1699 m	1600- m
17-20	M	3000+ m	2700 - 3000 m	2500 - 2699 m	2300 - 2499 m	2300- m
	F	2300+ m	2100 - 2300 m	1800 - 2099 m	1700 - 1799 m	1700- m
20-29	M	2800+ m	2400 - 2800 m	2200 - 2399 m	1600 - 2199 m	1600- m
	F	2700+ m	2200 - 2700 m	1800 - 2199 m	1500 - 1799 m	1500- m
30-39	M	2700+ m	2300 - 2700 m	1900 - 2299 m	1500 - 1899 m	1500- m
	F	2500+ m	2000 - 2500 m	1700 - 1999 m	1400 - 1699 m	1400- m
40-49	M	2500+ m	2100 - 2500 m	1700 - 2099 m	1400 - 1699 m	1400- m
	F	2300+ m	1900 - 2300 m	1500 - 1899 m	1200 - 1499 m	1200- m
50+	M	2400+ m	2000 - 2400 m	1600 - 1999 m	1300 - 1599 m	1300- m
	F	2200+ m	1700 - 2200 m	1400 - 1699 m	1100 - 1399 m	1100- m