



MY PERSONAL FITNESS ASSESSMENT

The first step of the goal-setting process is to determine your starting point. Start by collecting as much information as possible then reassess periodically (every few months and/or at your next family doctor visit).

Name: _____

Date				
Age				
Weight				
Clothing Size				
Waist (inches)				
Hip (inches)				
Waist/Hip Ratio				
Body Mass Index (BMI)				
Body Fat %				
Resting Pulse				
Blood Pressure				
Fasting Blood Sugar				
Triglyceride Level				
Total Cholesterol				
LDL ("bad") Cholesterol				
HDL ("good") Cholesterol				
Cigarettes (# per day)				
Alcohol (drinks per day)				
Drugs/Medications (or see list)				
On a scale of 1-10 (1=low, 10=high), rate the following:				
Stress Level (1-10)				
Coping Skills (1-10)				
Self-Nurturing Activities (1-10)				
Support System (1-10)				
Other:				

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