

Name: \_\_\_\_\_

Block: \_\_\_\_\_

Date: \_\_\_\_\_

Adult Family Member Physical Assessment  
First Semester Final Exam

1. Name of participant: \_\_\_\_\_
2. Relation to student: \_\_\_\_\_
3. Participant Overall Fitness Levels:
  - a. Cardiovascular Fitness: completed mile time: \_\_\_\_\_
  - b. Muscular Endurance: push-ups/minute: \_\_\_\_\_ sit-ups/minute: \_\_\_\_\_
  - c. Body Composition: Body Mass Index: (go to [www.nhlbisupport.com/bmi/](http://www.nhlbisupport.com/bmi/)) and type in weight and height: BMI: \_\_\_\_\_
  - d. Flexibility: In seated position with both legs out straight, can the participant touch toes? Y/N  
About how many inches are the participant's fingers away from their toes: \_\_\_\_\_
  - e. Body type: \_\_\_\_\_
4. How many days a week do you work out for more than a ½ an hour (frequency)? \_\_\_\_\_
5. What is the average duration (time) do you spend being physically active in a day? \_\_\_\_\_
6. What is the best time of day for your workout each day (at least ½ hour/day): morning, lunch, or evening? \_\_\_\_\_
7. What physical activities (aerobic and anaerobic) do you enjoy most?  
\_\_\_\_\_  
\_\_\_\_\_
8. What physical activities (aerobic and anaerobic) do you wish to avoid/ dislike?  
\_\_\_\_\_  
\_\_\_\_\_
9. Explain your typical diet on a Weekday:

a. Breakfast:	Breakfast:
b. Lunch:	Lunch:
c. Dinner:	Dinner:
d. Snacks/Misc.:	Snacks/Misc.:

Weekend:

a. Breakfast:	Breakfast:
b. Lunch:	Lunch:
c. Dinner:	Dinner:
d. Snacks/Misc.:	Snacks/Misc.:
10. What possible conflicts/issues do you foresee with a designed fitness plan that may prohibit you from reaching your goals? (ex. Money, time, weather, motivation, etc)  
\_\_\_\_\_  
\_\_\_\_\_
11. What are two goals that you would like to reach at the end of this program if it were implemented? (Remember: goals that are realistic, specific, measurable, and obtainable).
  - 1.
  - 2.