

Fitness Assessment Data Sheet

Customize this data sheet depending on your client/patient, setting, and assessment skills.

Name: _____ Age: _____ DOB: _____

Phone (Cell, work, home): _____ Email: _____

Primary Care Provider: _____

Resting Heart Rate: _____ Resting BP: _____

Orthopedic Limitations: _____

Body Composition

Waist (in): _____ Hip (in): _____ Waist-to-Hip Ratio: _____

Waist targets: Women <36" Men <40" Waist/Hip targets: Men <.90 Women <.85

Weight: _____ Height: _____ BMI: _____ Category: _____

% Body Fat: _____ Rating: _____ LBM (lb): _____ FM (lb): _____

Balance

One-legged Balance (static 10s, stability note) R leg: _____ L leg: _____

Standing Reach Test: Distance (cm): _____ Rating: _____

Dynamic Balance: _____

Functional Fitness

Sit/Stand Reps/30 sec: _____ Rating: _____

Functional Movement Screen	Score (0-3)	Notes
Squat		
Hurdle Step		
Inline Lunge		
Shoulder Mobility		
Active Straight Leg Raise		
Trunk Stability Push-Up		
Rotary Stability		
TOTAL (14 or higher pass)		

Flexibility Testing (selected flexibility and ROM testing)

Modified Sit and Reach test: Best of 3 trials (inches): _____ Rating: _____

Shoulder Flexibility (Back Scratch Test): _____ Rating: _____

Other Joint ROM: _____

Cardiovascular Fitness (options that may fit your client/setting, for example...)

• Submaximal Bench Stepping Test (Immediate post-test 15 sec HR) HR: _____

• Rockport 1-mile Fitness Walking Test (final minute HR) HR: _____

• ATS 6-minute walk test (need a 100 ft hallway) Distance: _____ RPE: _____

• Graded exercise test: bike ergometer, treadmill (HR/BP during multiple stages, use worksheet below)

Time	Workload	HR	BP	RPE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Recovery				
1				
2				
3				
4				
5				

Notes:

Exercise Professional: _____ Date: _____