

Fitness Assessment recording sheet part 1								
Name								
week	1	4	8	12	16	20	24	28
Date								
Height								
weight in pounds								
waist circumference in cm								
Hip circumference in cm								
Resting pulse rate								
Blood pressure Systolic								
Blood pressure Diastolic								
Self-health rating perception 0 - poor 10 - great								
Average servings per week of animal products								
Average workout sessions a week								
Average workout minutes a week								

Fitness Assessment recording sheet part 2								
Name								
week	1	4	8	12	16	20	24	28
Date								
Shoe tying forward fold 0- above knees 1- top half of shin 2- bottom half of shin 3- shoes 4- floor								
Shoe tying figure four 0- can't get into position 1- holds position for less than 5 seconds 2-holds between 5 and 10 seconds 3- holds between 10 and 20 seconds 4- holds for more than 20 seconds.								
Number of pushups in 30 seconds								
Number of air squats in 30 seconds								
Number of high-knee marches in 2 minutes								
Plank time in seconds								