



## **Fitness Self-Assessment Form**

- 1. Do you exercise regularly?**
  
- 2. Would the people close to you describe you as healthy?**
  
- 3. Do you smoke cigarettes?**
  
- 4. Do you consciously choose to limit the amount of sugar, sodium, fats and cholesterol in your diet and eat enough fiber at least 90% of the time?**
  
- 5. Do you have special skills to identify and handle the excess stress and tension in your life?**
  
- 6. If you tried an exercise program in the past and quit, do you understand the reasons why you stopped?**
  
- 7. Will your close friends and relatives be supportive if you make some healthy changes in your life?**
  
- 8. Do you do things during the day that take extra physical effort and energy?**
  
- 9. Do you know how to take your pulse during exercise?**
  
- 10. Do you want to improve your current level of fitness?**