

# FITNESS ASSESSMENT QUESTIONNAIRE

Title 32-AGR - Traditional

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 8013 & EO 9397

**PRINCIPLE PURPOSE.** To process members into and through the Air National Guard Fitness Program. SSN is collected to identify the ANG Member in the ANG Fitness Program database.

**ROUTINE USE:** None.

**DISCLOSURE:** Voluntary. Failure to furnish information will not change your requirement to participate in the Air National Guard Fitness Program.

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_  Male  Female

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Traditional  Title 32-AGR

**Assigned Unit:** \_\_\_\_\_ **Wing** (or equivalent): \_\_\_\_\_ **AFSC:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please use an address that you check frequently. Can be non-military.

### DO I QUALIFY FOR THE 1.5 MILE RUN?

**IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU WILL PERFORM THE STEP TEST TO MEASURE YOUR CARDIO FITNESS AND NOT PERFORM THE 1.5 MILE RUN.**

	YES	NO
Do you have a family history of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have cholesterol over 200 (documented within the last 12 months) or do you not know your cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a male with a waist measurement over 40"?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a female with a waist measurement over 35"?	<input type="checkbox"/>	<input type="checkbox"/>
Have you smoked cigarettes in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
I have not run frequently during the past 3 months. (not run vigorously for 30 minutes, at least 3 times per week)	<input type="checkbox"/>	<input type="checkbox"/>

### PHYSICAL ACTIVITY READINESS QUESTIONS

	YES	NO
* Have you ever been diagnosed with a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
* Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
* Do you feel light-headed or dizzy when exercising?	<input type="checkbox"/>	<input type="checkbox"/>
* Do you have any bone or joint problems or injuries?	<input type="checkbox"/>	<input type="checkbox"/>
* Are you taking any prescribed medications that could affect you during exercise (women: excludes birth control)?	<input type="checkbox"/>	<input type="checkbox"/>
* Are you pregnant or nursing (women only)?	<input type="checkbox"/>	<input type="checkbox"/>
* Are you aware of any reason against exercising without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered, "Yes" to any question above (marked with an \*), please notify the Unit Fitness Program Manager before the assessment begins.**

*If you completed these questions prior to today, please ensure that your answers are still correct.*

### HEALTHY HABIT QUESTIONS

	YES	NO		
Do you smoke or use tobacco?	<input type="checkbox"/>			
Are you a member of a health club?	<input type="checkbox"/>			
How many times do you exercise in a typical week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1-2	3-4	5-7

### ASSESSMENT SCORES

**Height:**  feet  inches

**Waist:**   1/4  1/2  3/4 inches

**Weight:**  pounds

**Run Time:**  minutes  seconds  
(only if run completed)

**Resting Pulse:**  15 second count

**Recovery Pulse:**  1 minute count

### Sit & Reach:

	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0
<i>Before toes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Touch toes</i>	<input type="checkbox"/>											
<i>After toes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0

**Push-ups:**  1 minute

**Crunches:**  1 minute

Member Signature

Buddy Signature