

Fitness Assessment Comparison Sheet

Name: _____

Age: _____

Height: _____

1st Week

4th Week

8th Week

12th Week

Date/Time								
Blood Pressure								
Resting HR								
Weight	lbs							
Skinfold Body Fat	Tri/Chest							
	Iliac Crest/Abs							
	Scapula							
	Thigh							
			Current	Change	Current	Change	Current	Change
	TOTAL							
	BF% / (digital)							
	Fat weight lbs							
	Lean mass lbs							
Circumference	Neck in							
	Shoulders in							
	Chest in							
	R. Arm in							
	L. Arm in							
	R. Forearm in							
	L. Forearm in							
	Waist in							
	Hips in							
	R. Thigh in							
	L. Thigh in							
	R. Calf in							
	L. Calf in							
			Total		Total		Total	
Muscular Endurance								
Sit & Reach								
Push-ups (1min)								
Sit-ups (1min)								
Step test (3mins)	HR							

Notes: _____
