



School Name: \_\_\_\_\_

Class Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**FITNESSGRAM Activity Questions:**

1. On how many of the past 7 days did you participate in physical activity for a total of 30-60 minutes, or more, over the course of the day? This includes moderate activities (walking, slow bicycling, or outdoor play) as well as vigorous activities (jogging, active games or active sports such as basketball, tennis or soccer). (0,1,2,3,4,5,6,7 days) \_\_\_\_\_

2. On how many of the past 7 days did you do exercises to strengthen you or tone your muscles? This includes exercises such as push-ups, sit-ups, or weightlifting. (0,1,2,3,4,5,6,7 days) \_\_\_\_\_

3. On how many of the past 7 days did you do exercises to loosen up or relax your muscles? This includes exercises such as toe touches, knee bending, or leg stretching. (0,1,2,3,4,5,6,7 days) \_\_\_\_\_



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**\*Height:** \_\_\_\_\_ **\*Weight:** \_\_\_\_\_  
Place a "check mark" on the Ht and Wt (keep private)

**Mile Time:** \_\_\_\_\_

**\*PACER Laps:** \_\_\_\_\_

**\*Curl-up:** \_\_\_\_\_

**\*Trunk Lift:** \_\_\_\_\_

**\*Push-up:** \_\_\_\_\_

**\*Sit & Reach: L** \_\_\_\_\_ **R** \_\_\_\_\_  
Yes (Y) or No (N)

**Shoulder Stretch: L** \_\_\_\_\_ **R** \_\_\_\_\_  
Yes (Y) or No (N)

These do not include all FG test items. "\*" are the FG recommended test items.



**\*Height:** \_\_\_\_\_ **\*Weight:** \_\_\_\_\_  
Place a "check mark" on the Ht and Wt (keep private)

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Yes(Y) or No (N)

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