My Personal Fitness Program

Name		Date									
Course	e Section										
In the spaces below, provide a list of five activities in which you have participated during the last 6 months. In addition to fitness activities (jogging, aerobics, swimming, strength training), you may list other activities in which you frequently participate that require physical effort (for example, walking, cycling, sweeping, vacuuming, gardening). According to your own effort of participation, rate each activity for its health-related and motor skill-related benefits (1 = low, 2 = fair, 3 = average, 4 = good, 5 = excellent). Also indicate the frequency and duration of participation (list times per week, month, or 6 months) and add comments regarding your personal feelings related to your participation in the respective activity (liked it, was fun, too hard, got hurt, need more skill, could do it forever, etc.).											
	Cardiorespiratory Endurance	Muscular Strength	Muscular Flexibility	Weight Management	Agility	Balance	Coordination	Power	Reaction Time	Speed	
1.											
Comments											
2.											
Comments											
3.											
Comments											
4.											
Comments											

My Personal Fitness Program (continued)

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		Cardiorespiratory Endurance	Muscular Strength	Muscular Flexibility	Weight Management	Agility	Balance	Coordination	Power	Reaction Time	Speed
5.											
Cor	nments										
II.	On a separate sheet of paper, keep a 7-day log of all phyexact minutes throughout the day that you are active a intensity). Total your minutes for each day and compute answer the following questions:	nd rate e	each ac	tivity a	ccordin	g to its	intens	ity (mo	derate-	or vigo	orous-
	A. Did you exercise aerobically at least 3 times per wee	ek for 20	to 30 n	ninutes	each s	ession	?				
	Yes No										
	B. Did you accumulate an average of 60 minutes of da Yes No	ily physic	cal activ	ity?							
	C. What percentage of your total physical activity was	moderat	e inten	sity,							
	%										
	and what percentage was vigorous intensity?%										
III.	According to items I and II above, evaluate your current indicate if your program is primarily conducive to health necessary to meet previously stated goals (see Activity	h fitness	or phys	ical fitr							