

PERSONAL FITNESS AND WELLNESS GOALS

What would you like to accomplish or improve?

- | | | |
|--|---|--|
| <input type="checkbox"/> Aerobic Fitness | <input type="checkbox"/> Improve Self-esteem | <input type="checkbox"/> Reduce Stress |
| <input type="checkbox"/> Diet | <input type="checkbox"/> Look/Feel Better | <input type="checkbox"/> Speed |
| <input type="checkbox"/> Eating Habits | <input type="checkbox"/> Muscular endurance | <input type="checkbox"/> Sport Enhancement |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Muscle Tone/Definition | <input type="checkbox"/> Strength |
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Overall Health | <input type="checkbox"/> Weight Loss |

Other: _____

How do you rate your current activity level?

- Sedentary (no activity at all)
- Sporadically Active (Engage in physical activity on an inconsistent basis)
- Somewhat Active (Engage in physical activity at least once a week)
- Regularly Active (Engage in physical activity or exercise at least 3-5 times a week)

What is your favorite physical activity? (Check all that apply)

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Golf | <input type="checkbox"/> Rowing | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Group Exercise/Aerobics | <input type="checkbox"/> Soccer | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Hockey | <input type="checkbox"/> Swimming | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Elliptical | <input type="checkbox"/> Jogging/Running | <input type="checkbox"/> Tennis | |
| <input type="checkbox"/> Football | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Volleyball | |

Other: _____

What are your short term goals? (Short term goals = 1-2 months)

1. _____
2. _____
3. _____

What are your long term goals? (Long term goals = 6 months)

1. _____
2. _____

How much time are you willing to devote to exercise in a given week?

Signature:

Date:



The College of
St. Scholastica

CAMPUS RECREATION PERSONAL FITNESS