

St. Clair County Community Mental Health



Functional Fitness Assessment Worksheet (ADULT)

Name: _____ Case #: _____ Gender: _____ Age: _____

Date: _____

Height: _____ Weight: _____ lbs. Month: _____

BL 3 6 9 12 Other: _____

Vitals:

(Pre-walk test) Blood Pressure: _____ Pulse: _____

(Post-test) Blood Pressure: _____ Pulse: _____

Measurements (in inches):

Neck _____ in. Chest _____ in. Waist _____ in. Belly Button _____ in.

Hips _____ in. Thigh _____ in. Calf _____ in. Bicep _____ in. Forearm _____ in.

Body Fat% _____ BMI _____

Fitness Assessments:

1. 6-minute walk test

Distance between cones: _____ Number of laps: _____

Extra feet: _____ ft. Total Feet: _____ ft. Total Yards: _____ yds. RPE score: _____

2. Scratch test

Right shoulder: (+/-) _____ Left shoulder: (+/-) _____

3. Bicep curls

How many bicep curls in 30 seconds: _____ Dumbbell weight: _____

4. Chair Stands

How many chair stands in 30 seconds: _____

☐ Right or ☐ Left

5. Functional reach: _____ in.

Appendix D: InShape Tracking & Measurement

Steps in 2 minutes: _____

6. 8-foot up and go: 1st trial: _____ 2nd trial: _____

7. Waist to hip ratio: Waist measurement: _____ Hip measurement: _____

Questions:

What are the benefits of the InSHAPE® program for you? (Increased self-esteem, improved medical results, improved mental health symptoms. better sleep, weight loss, weight gain, improved strength, improved agility, endurance, cardiovascular strength?)

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