

Kid's Health & Fitness Profile

Please answer the following questions: (circle or write in a number)

1. How many days are you active in playing an organized sport? Everyday/ Most days/ Some days/ Never
(ex. volleyball, basketball, football, tennis, softball, baseball, soccer)
2. How many days are you active get out and play in a week? Everyday/ Most days/ Some days/ Never
(ex. Riding your bike, swimming, jogging/walking exercise at recess)
3. Do you eat breakfast? Everyday/ Most days/ Some days/ Never
4. How many hours of sleep do you get at night? _____ (hours)
5. How many fruits/vegetables do you eat in a day? _____ (servings)
6. How many hours of TV do you watch in a day? _____ (hours)
7. How many glasses of water do you drink in a day? _____ (glasses)

***Your Flexibility scores are:**

Weight _____ lb

Height _____ in

_____ 1st / _____ 2nd / _____ 3rd
Flexibility Percentile _____

Sit & Reach-Boys

AGE ->	5	6	7	8	9	10	11	12	13
Percentile									
95	32	34	33	34	34	33	34	35	36
75	29	29	28	29	29	28	29	29	30
50	25	26	25	25	25	25	25	26	26
25	22	22	22	22	22	20	21	21	20
5	17	16	16	16	16	12	12	13	12

Sit & Reach-Girls

AGE ->	5	6	7	8	9	10	11	12	13
Percentile									
95	34	34	34	36	35	35	37	40	43
75	30	30	31	31	31	31	32	34	36
50	27	27	27	28	28	28	29	30	31
25	23	23	24	23	23	24	24	25	24
5	18	18	16	17	17	16	16	15	17

***Improvement in any of these categories = 20 wellness improvement signatures**
(participant must also obtain 5 education or event signatures)



***Measurements in Centimeters (CM)**

Date: ____/____/____

Staff Init. _____