

Health and Fitness Quiz

How healthy and fit do you think you are? Skim the questions below. Then guess your health and fitness score from 0 (very unhealthy) to 50 (very healthy).



Your Food and Nutrition

- | | Points |
|--------------------------------------------------------------------------|--------|
| 1. How many meals do you eat each day? | |
| <input type="checkbox"/> Four or five small meals | 5 |
| <input type="checkbox"/> Three meals | 3 |
| <input type="checkbox"/> One or two big meals | 0 |
| 2. How often do you eat at regular times during the day? | |
| <input type="checkbox"/> Almost always | 5 |
| <input type="checkbox"/> Usually | 3 |
| <input type="checkbox"/> Hardly ever | 0 |
| 3. How many servings of fruits or vegetables do you eat each day? | |
| <input type="checkbox"/> Five or more | 5 |
| <input type="checkbox"/> One to four | 3 |
| <input type="checkbox"/> None | 0 |
| 4. How much junk food do you eat? | |
| <input type="checkbox"/> Very little | 5 |
| <input type="checkbox"/> About average | 3 |
| <input type="checkbox"/> A lot | 0 |
| 5. Do you take vitamins? | |
| <input type="checkbox"/> Yes, every day | 5 |
| <input type="checkbox"/> Sometimes | 3 |
| <input type="checkbox"/> No | 0 |

- 7. Which best describes your exercise program?** Points

- | | |
|---------------------------------------------------------------------|---|
| <input type="checkbox"/> Both weight training and aerobic exercise | 5 |
| <input type="checkbox"/> Either weight training or aerobic exercise | 3 |
| <input type="checkbox"/> None | 0 |

- 8. How important is your fitness program to you?**

- | | |
|---------------------------------------------|---|
| <input type="checkbox"/> Very important | 5 |
| <input type="checkbox"/> Fairly important | 3 |
| <input type="checkbox"/> Not very important | 0 |



Your Health

- 9. How often do you get a physical exam?** Points

- | | |
|---------------------------------------------------|---|
| <input type="checkbox"/> Once a year | 5 |
| <input type="checkbox"/> Every two or three years | 3 |
| <input type="checkbox"/> Rarely | 0 |

- 10. How often do you sleep well?**

- | | |
|-----------------------------------------------|---|
| <input type="checkbox"/> Always | 5 |
| <input type="checkbox"/> Usually or sometimes | 3 |
| <input type="checkbox"/> Hardly ever or never | 0 |



Your Fitness

- | | Points |
|------------------------------------------------------|--------|
| 6. How often do you exercise or play a sport? | |
| <input type="checkbox"/> Three or more days a week | 5 |
| <input type="checkbox"/> One or two days a week | 3 |
| <input type="checkbox"/> Never | 0 |

Rate yourself

TOTAL POINTS

- 42 to 50:** Excellent job! Keep up the good work!
- 28 to 41:** Good! Your health and fitness are above average.
- 15 to 27:** Your health and fitness are a little below average.
- 14 or below:** You can improve your health and fitness.