

**Personal Fitness – Nutrition**

(Revised Fall 2013)

Name: \_\_\_\_\_ Period: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is a calorie? \_\_\_\_\_
2. What is the equation for weight control? \_\_\_\_\_
3. How many calories do you need to burn to lose 1 pound of fat? \_\_\_\_\_
4. What is the true purpose of calories in? \_\_\_\_\_
5. How do you burn calories? \_\_\_\_\_ and \_\_\_\_\_.
6. How many calories can you burn in one minute by exercising in your training zone? \_\_\_\_\_
7. What is the American Medical Association guideline to weight loss? \_\_\_\_\_ pounds per week
8. Why is a combination of proper diet and exercise most effective for wt loss?  
\_\_\_\_\_

9. Complete the following chart:

Nutrient	Food Source	Function in the Body	Cals/g	Recommended % of calories in diet
<i>Carbohydrate</i>		Primary source of fuel		
<i>Fats</i>		Metabolizes vitamins Essential to proper body functions Excess converts to body fat		
<i>Protein</i>		Amino Acids to build muscle, organs, Hormones, and enzymes		

10. Excess calories of carbohydrates, fats, and proteins are all converted to \_\_\_\_\_
11. What should your fat intake be based upon? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. During exercise, your body uses mainly \_\_\_\_\_ for fuel. (carbohydrates, fat, or protein)

13. After 20 – 30 minutes of continuous aerobic activity, the body uses \_\_\_\_\_ for fuel in addition to carbohydrates.

14. Fitness activities help to develop our Total Person Concept (T.P.C.), in other words, your overall wellness. What are the four (4) area effecting your T.P.C.?

\_\_\_\_\_

\_\_\_\_\_

**Goal Setting For Your Personal Fitness**

15. Complete the following criteria for Goal Setting: Goals should be...

W \_\_\_\_\_, R \_\_\_\_\_, C \_\_\_\_\_ yet O \_\_\_\_\_,  
M \_\_\_\_\_ and have a T \_\_\_\_\_ F \_\_\_\_\_.

16. Based on your current fitness, which Health-Related Fitness component(s) do you feel should be your focus this year, and why?

\_\_\_\_\_

\_\_\_\_\_

17. Write two Health-Related Fitness goals that you would like to achieve.

Please list the Health-Related Component associated with your goal, and then complete your written goal using the criteria listed above.

1) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_