

Personal Fitness Exam

Are there requirements of the Personal Fitness merit badge that are against your religious convictions?

a. Yes _____ b. No _____

If there are requirements against my religious convictions, do you still need to complete them?

a. Yes _____ b. No _____

If there are requirements against my religious convictions, my parents and proper church officials need to state in writing that my religious convictions excuse me from certain Personal Fitness requirements.

a. Yes _____ b. No _____

Personal Fitness Badge Req. 1

(a) Before you try to meet any other requirements, have your physician give you a thorough examination, using the Scout medical examination form. Describe the examination. Tell what questions you were asked about health. Tell what recommendations your doctor made and report what you have done about the recommendations. Explain the following:

- (1) Why physical exams are important.
- (2) Why preventative habits are important in maintaining good health.
- (3) Diseases that can be prevented and how.
- (4) The seven warning signs of cancer.
- (5) The youth risk factors that affect cardiovascular fitness in adulthood.

Have your physician give you a thorough examination.

01. I completed a physician exam made by my doctor on: _____

02. Did your doctor use the Scout medical examination form. for your examination. a. Yes _____ b. No _____

Describe the examination.

03. My medical examination was [Choose all that apply]

<input type="checkbox"/> A Joke	<input type="checkbox"/> Abusive	<input type="checkbox"/> Alarming	<input type="checkbox"/> Amusing
<input type="checkbox"/> Awful	<input type="checkbox"/> Bad	<input type="checkbox"/> Boring	<input type="checkbox"/> Caring
<input type="checkbox"/> Childish	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Cool	<input type="checkbox"/> Confusing
<input type="checkbox"/> Considerate	<input type="checkbox"/> Courteous	<input type="checkbox"/> Critical	<input type="checkbox"/> Dangerous
<input type="checkbox"/> Depressing	<input type="checkbox"/> Difficult	<input type="checkbox"/> Disappointing	<input type="checkbox"/> Disgusting
<input type="checkbox"/> Dull	<input type="checkbox"/> Easy	<input type="checkbox"/> Entertaining	<input type="checkbox"/> Embarrassing
<input type="checkbox"/> Exhausting	<input type="checkbox"/> Expensive	<input type="checkbox"/> Fascinating	<input type="checkbox"/> Fine

<input type="checkbox"/> Foolish	<input type="checkbox"/> Friendly	<input type="checkbox"/> Frightening	<input type="checkbox"/> Frustrating
<input type="checkbox"/> Fun	<input type="checkbox"/> Funny	<input type="checkbox"/> Good	<input type="checkbox"/> Gloomy
<input type="checkbox"/> Great	<input type="checkbox"/> Harmful	<input type="checkbox"/> Helpful	<input type="checkbox"/> Humorous
<input type="checkbox"/> Ignorant	<input type="checkbox"/> Immoral	<input type="checkbox"/> Important	<input type="checkbox"/> Impressive
<input type="checkbox"/> Interesting	<input type="checkbox"/> Irritating	<input type="checkbox"/> Jolly	<input type="checkbox"/> Juvenile
<input type="checkbox"/> Kinky	<input type="checkbox"/> Laughable	<input type="checkbox"/> Long	<input type="checkbox"/> Naughty
<input type="checkbox"/> Nice	<input type="checkbox"/> Noisy	<input type="checkbox"/> Normal	<input type="checkbox"/> Obscene
<input type="checkbox"/> Offensive	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Painful	<input type="checkbox"/> Passionate
<input type="checkbox"/> Poor	<input type="checkbox"/> Puzzling	<input type="checkbox"/> Quiet	<input type="checkbox"/> Repelling
<input type="checkbox"/> Rude	<input type="checkbox"/> Sad	<input type="checkbox"/> Satisfying	<input type="checkbox"/> Serious
<input type="checkbox"/> Sickening	<input type="checkbox"/> Shameful	<input type="checkbox"/> Shocking	<input type="checkbox"/> Short
<input type="checkbox"/> Silly	<input type="checkbox"/> Soothing	<input type="checkbox"/> Special	<input type="checkbox"/> Spectacular
<input type="checkbox"/> Strange	<input type="checkbox"/> Stupid	<input type="checkbox"/> Surprising	<input type="checkbox"/> Terrible
<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Tiring	<input type="checkbox"/> Tricky	<input type="checkbox"/> Troublesome
<input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Unpleasant	<input type="checkbox"/> Unusual	<input type="checkbox"/> Upsetting
<input type="checkbox"/> Useful	<input type="checkbox"/> Useless	<input type="checkbox"/> Valuable	<input type="checkbox"/> Violent
<input type="checkbox"/> Weird	<input type="checkbox"/> Wicked	<input type="checkbox"/> Wonderful	<input type="checkbox"/> Worrying
<input type="checkbox"/> Worthless	<input type="checkbox"/> Brave	<input type="checkbox"/> Clean	<input type="checkbox"/> Reverend

Tell what questions were asked about your health.

04. The health questions I was asked were [Choose all that apply]

- How is school?
- Are you happy?
- Any stomach aches?
- How's your love life?
- Any rashes or itching?
- Any serious accidents?
- Any watery or itchy eyes?
- Any questions about body changes?
- Any runny or stuffy nose problems?
- How many meals do you eat each day?
- Are you getting along with your friends?
- Do you regularly take multiple vitamins?
- Are you involved in any sports programs?
- How many hours a week do you watch TV?

- When biking, do you always wear a helmet?
- Witnessed or been involved in any violence?
- Do you take or use any medications regularly?
- How many hours sleep are you getting each night?
- How many hours a week do you play video games?
- When in the car, do you always wear your seat belt?
- Do you eat a balanced diet like food from all groups?
- Does anybody in your family have a medical problem?
- Are you eliminating waste regularly and without problem?
- Have you and your parents talked about why smoking & drugs are bad for you?
- Other, Explain:
- Other, Explain:

Tell what recommendations your doctor made.

05. My doctor made the following recommendations [Choose all that apply]

- Dental exam
- Diet Changes
- Exercise
- Eye exam
- Immunizations
- Return visit
- Lifestyle changes
- Medicine
- Weight increase
- Weight reduction
- Other, Explain:

Report what you have done about the recommendations.

06. The things I have done about my doctor's recommendations are:

Explain why physical exams are important.

07. Physical exams are important because they

- a. can help prevent diseases before they get a foothold.
- b. allow you and your doctor to develop a rapport and mutual trust.
- c. can catch health problems at early stages when they are easier to control or cure.
- d. include all the above answers, a through c.

Explain why preventative habits are important in maintaining good health.

08. Preventative habits are important in maintaining good health because they [Choose best answer]

- a. can be a factor in showing a good example for others.

- b. are measures taken to combat risk factors for illness before they develop.
- c. are not always successful but might lessen the effects of disease or illness.
- d. provide an incentive for those unwilling to begin maintaining their good health.

Explain diseases that can be prevented and how.

09. Acne, a clogged skin pore and surrounding area inflammation. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

10. AIDS, an immune system virus leaving the patient vulnerable to other infections. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

11. Chickenpox, a virus infection causing an often itchy rash of small red spots. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

12. Diphtheria, a bacteria caused infection causing soar throat, fever, and fatigue. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.

- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

13. Hepatitis A, liver cell inflammation caused by contaminated food or drinking water. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

14. Hepatitis B, liver cell inflammation transmitted by blood contact, dirty needles, sexual activity. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

15. Lyme Disease, a virus producing small red spots, flu-like symptoms, numbness & chest pain. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

16. Measles, very contagious virus causing high fever, sore throat, & orange-red head/neck rash. Cured or

prevented by

[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

17. Meningitis, sudden brain/spine membranes inflammation, fever, vomiting, neck/back stiffness. Cured or prevented by

[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

18. Mumps, virus caused, painful salivary [spit] glands swelling, headache, fever, and tenderness. Cured or prevented by

[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

19. Polio, virus inflammation of brain/spine with fever, headache, muscle pain, and neck stiffness. Cured or prevented by

[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.

- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

20. Rheumatic Fever, connective tissue inflammation in joints and the heart, mostly in children. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

21. Rubella, a viral disease with pink-red spotted face rash, lymph node swelling of ears & neck. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

22. Tetanus, skin wound bacterial infection, muscle/respiratory spasms, seizures, and paralysis. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.
- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

23. Pertussis, respiratory infection, dry cough, vomiting, nose/eye/brain membrane hemorrhage. Cured or prevented by
[Choose all that apply]

- a. remaining morally [sexual habits] clean.

- b. not using drugs inappropriately or illegally.
- c. vaccines either oral or injected [shots] for immunity.
- d. visiting doctor if prolonged sore throat for prescription drugs.
- e. keeping clean especially hands & face. See doctor if very bad.
- f. avoiding tick-infested areas, using special clothing & repellents.

Explain the seven warning signs of cancer.

24. The seven warning signs of cancer are [Choose all that apply]

- a. Severe muscle cramps.
- b. A sore that will not heal.
- c. Any change in a wart or mole.
- d. Persistent cough or hoarseness.
- e. Appearance of any unusual lump.
- f. Buckling of a joint and a loud pop.
- g. Any unusual bleeding or discharge.
- h. Unequal and/or unresponsive pupils.
- i. Abnormal hostile or aggressive behavior.
- j. Chronic indigestion or difficulty swallowing.
- k. Any sudden numbness in the face, arms or leg.
- l. Persistent change in bowel or bladder activity.

(b) Have an examination made by your dentist. Get a statement saying that your teeth have been checked and cared for. Tell how to care for your teeth.

Have an examination made by your dentist.

25. I completed a dental exam made by my dentist on , , ,

Get a statement saying that your teeth have been checked and cared for.

26. My dentist gave me a statement saying my teeth have been checked and cared for. a. Yes ... b. No

Tell how to care for your teeth.

27. The most important thing when caring for your teeth is

- a. a nutritious diet.
- b. regular checkups.
- c. brushing away from the gums.
- d. thoroughly brushing of all surfaces.
- e. brushing immediately after eating or at least rinse.

28. The tooth brush should have

- a. firm bristles.
- b. a small head.
- c. flat brushing surface.
- d. all these elements, a, b, & c are correct.

29. Most dentists usually recommend

- a. flossing at least daily.
- b. professional cleaning after every meal.
- c. all these elements, a, b, & d are correct.
- d. replacement of natural teeth with dentures.

30. Studies show Fluoride prevents cavities. a. True ... b. False

31. Dentists often recommend

- a. eating raw lemons.
- b. cosmetic adjustments.
- c. filing sharp teeth flat for better chewing surfaces.
- d. all these elements, a, b, & c are correct.

32. The Scout merit badge pamphlet recommends dental visits every

- a. year.
- b. 6 months.
- c. time you teeth hurt.
- d. replacement of natural teeth with dentures.

Personal Fitness Badge Req. 2

Explain to your merit badge counselor verbally or in writing what personal fitness means to you.

(a) Components of personal fitness.

33. The components of personal fitness are:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> a. Social | <input type="checkbox"/> b. Mythological |
| <input type="checkbox"/> c. Political | <input type="checkbox"/> d. Organizational |
| <input type="checkbox"/> e. Practical | <input type="checkbox"/> f. Physical Health |
| <input type="checkbox"/> g. Spiritual | <input type="checkbox"/> h. Physical Fitness |
| <input type="checkbox"/> i. Muscular | <input type="checkbox"/> j. Mental and Emotional |

34. There are _____ components of personal fitness.

- a. 5
- b. 15
- c. 6
- d. 12

35. Fitness levels range from "Near Death" to the "Highest Quality of Life." a. True ... b. False

(b) Reasons for being fit in all components.

36. All components interact and influence each other. a. True ... b. False

37. A bridge, like personal fitness, is only as strong as its weakest part. a. True ... b. False

(c) What it means to be mentally healthy.

38. Mental health is equal to the level of personal anxiety, depression, & worry. a. True ... b. False

39. Mental health problems can be prevented in

- a. school.
- b. church.
- c. the gym.
- d. the home.

40. Your most important possession can be your

- a. car.
- b. stereo.
- c. family.
- d. computer.
- e. Scout uniform.

41. Become your feelings and appropriately.

(d) What it means to be physically healthy & fit.

42. A physically healthy person's activities are less limited. a. True ... b. False

43. Physical health can be measured by

- a. illness.
- b. allergies.
- c. growth patterns.
- d. all these elements, a, b, & c are correct.

(e) What it means to be socially healthy. Discuss your activity in the areas of healthy social fitness.

44. Social fitness is assisted by living the Scout [Choose all that apply]

- a. hut.
- b. sign.
- c. Law.
- d. motto.
- e. Oath.
- f. slogan.
- g. handclasp.
- h. elements, a, c, & d are correct.

45. The healthy social traits I observe are [Choose all that apply]

- a. being non-judgmental.

- b. listening with sincerity and concern.
- c. accepting others unconditionally as individuals.
- d. expressing feelings and emotions appropriately.
- e. spending time with others building understanding, trust, and respect.
- f. helping others to solve problems, deal with emotions and difficulties.
- g. refraining from being pressured into doing things that bring on uncomfortable feelings.

46. When confronted with an uncomfortable action

47. Always attempt to raise others up to your standards rather than accepting inferior ones. a. True ... b. False

48. Traits of low self-esteem, low self-confidence, insecurity and perfectionism are troublesome to many

- a. boys.
- b. pilots.
- c. Americans.
- d. counselors.

49. An obstacle or hurdle for many young people is

- a. formulating their personal identity.
- b. finding a special friend with truly red hair but no freckles.
- c. making their bed even though it will just get unmade next evening.
- d. buying a car that attracts everybody's attention to the driver and not the vehicle.

50. Self-esteem, self-confidence, and sense of identity ultimately come from

- a. within.
- b. family.
- c. counselors.
- d. Scout leaders.

(g) What you can do to prevent social, emotional, or mental problems.

51. You will feel good about yourself and what you are doing if you [Choose all that apply]

- a. take pride in accomplishments.
- b. accept and deliver responsibility.
- c. live the Scout Law, Oath, and slogan.
- d. know you are taking good care of your body.
- e. participate in healthy friends and family activities.
- f. are pressured into group participation that seems inappropriate.

52. A Scout recognized as a Scout for their personal rather than their personal shows active prevention of social, emotional, or mental problems.

Personal Fitness Badge Req. 3

With your counselor answer and discuss the following questions:

a. Are you free from all curable disease? Are you living in such a way that your risk of preventable diseases is minimized?

53. I am free from all curable disease. a. True ... b. False

54. I live in a way that risks of preventable diseases are minimized. a. True ... b. False

b. Are you immunized and vaccinated according to the advice of your health care provider?

55. I am immunized & vaccinated as advised by my physicians. a. True ... b. False

c. Do you understand the meaning of a nutritious diet and know why it is important for you? Does your diet include foods from all food groups?

56. I understand the meaning of a nutritious diet & know its importance. a. True ... b. False

57. My diet includes foods from all food groups. a. True ... b. False

d. Are your body weight and composition what you would like them to be, and do you know how to modify them safely through exercise, diet, and behavior modification?

58. My body weight and composition are the way I like them. a. True ... b. False

59. I know how to modify my bodyweight and composition safely through exercise, diet, and behavior modification. a. True ... b. False

e. Do you carry out daily activities without noticeable effort? Do you have extra energy for other activities?

60. I carry out daily activities without noticeable effort. a. True ... b. False

61. I have daily extra energy for other activities. a. True ... b. False

f. Are you free from habits relating to nutrition and the use of alcohol, tobacco, drugs, and other practices that could be harmful to your health?

62. I am free from habits relating to nutrition, use of alcohol, tobacco, drugs, and practices considered harmful to my health.

a. True ... b. False

g. Do you participate in a regular exercise program or recreational activities?

63. I participate in a regular exercise program or recreational activities. a. True ... b. False

h. Do you sleep well at night and wake up feeling refreshed and energized for the new day?

64. I sleep well and wake up feeling refreshed and energized. a. True ... b. False

i. Are you actively involved in the religious organization of your choice and do you participate in their youth activities?

65. I am actively involved in the religious organization of my choice. a. True ... b. False

66. I participate in my religious organization's youth activities. a. True ... b. False

j. Do you spend quality time with your family and friends in social and recreational activities?

67. I participate in good family & friends type social & recreational activity. a. True ... b. False

k. Do you support family activities and efforts to maintain a good home life?

68. I help with family activities & efforts to keep up a valuable home life. a. True ... b. False

Personal Fitness Badge Req. 4

Explain the following about physical fitness:

a. The components of physical fitness.

69. The components of physical fitness are

- a. exactly the same as those for personal fitness.
- b. cardiovascular strength and endurance, muscular, flexibility and body decomposition.
- c. flexibility, body composition, cardiovascular and muscle endurance and muscular strength.
- d. body composition, cardiovascular endurance, muscle strength & endurance, flexibility, and nutrition.

b. Your weakest and strongest components of physical fitness.

70. My weakest component of physical fitness is

71. My strongest component of physical fitness is

c. The need to have a balance in all four components of physical fitness.

72. Balance in all components of physical fitness

- a. determines your physical capacity.
- b. is directly related to the workings of the middle ear.
- c. helps keep you from falling when pushed off a stepladder.
- d. is a relatively new idea that is not fully recognized by experts.

d. How the components of personal fitness relate to the Scout Laws and Scout Oath.

73. Trustworthy relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

74. Loyal relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical

e. Spiritual

75. Helpful relates to the following personal fitness components. [Choose all that apply]

a. Social

b. Health

c. Mental

d. Physical

e. Spiritual

76. Friendly relates to the following personal fitness components. [Choose all that apply]

a. Social

b. Health

c. Mental

d. Physical

e. Spiritual

77. Courteous relates to the following personal fitness components. [Choose all that apply]

a. Social

b. Health

c. Mental

d. Physical

e. Spiritual

78. Kind relates to the following personal fitness components. [Choose all that apply]

a. Social

b. Health

c. Mental

d. Physical

e. Spiritual

79. Obedient relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

80. Cheerful relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

81. Thrifty relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

82. Brave relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

83. Clean relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental

- d. Physical
- e. Spiritual

84. Reverent relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

85. Duty to God relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

86. Physically Strong relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

87. Mentally Awake relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

88. Morally Straight relates to the following personal fitness components. [Choose all that apply]

- a. Social
- b. Health
- c. Mental
- d. Physical
- e. Spiritual

Personal Fitness Badge Req. 5

Explain the following about nutrition:

a. The importance of good nutrition.

89. Good nutrition keeps the body functioning at its best and combats illnesses. a. True ... b. False

b. What good nutrition means to you.

90. Good nutrition means getting all the needed nutrients for good body function. a. True ... b. False

c. How good nutrition is related to the other components of personal fitness.

91. What illnesses are controlled by good nutrition? [Choose all that apply]

- a. AIDS
- b. Cancer
- c. Diabetes
- d. Athletes Foot
- e. Heart Disease

92. Good nutrition helps combat [Choose all that apply]

- a. fatigue.
- b. dehydration.
- c. lack of energy.
- d. slow healing of injuries.
- e. excessive weight loss or accumulation of excess body fat.

d. The three components of a sound weight (fat) control program.

93. Select the three sound weight (fat) control program components. [Choose all that apply]

- a. Exercise
- b. Starvation
- c. Fat Inhibitors
- d. Good Nutrition
- e. Behavior modification

Personal Fitness Badge Req. 6

Before doing requirements 7 and 8, complete the aerobic fitness, muscular strength, flexibility, and body composition tests as described in the Personal Fitness merit badge pamphlet. Record your results and identify those areas where you feel you need to improve.

94. Aerobic Fitness Test running requirement [Select 1 event a. or b., Enter score & check if improvement is needed]

a. 1 mile in the shortest time. Score: Improvement Needed? Yes ... No

95. Muscular Strength Test requirement [Sit-ups & 1 event b. or c., Enter score & check if improvement is needed]

a. Sit-ups in 60 seconds. Score: Improvement Needed? Yes ... No

b. Push-ups Score: Improvement Needed? Yes ... No

96. Flexibility Test requirement [Enter score & check if improvement is needed]

Sit and Reach for distance. Score: Improvement Needed? Yes ... No

97. Body Composition Test requirement [Fill in the Blanks]

a. Thigh. Measurement: Improvement Needed? Yes ... No

b. Chest. Measurement: Improvement Needed? Yes ... No

c. Shoulders. Measurement: Improvement Needed? Yes ... No

d. Abdomen. Measurement: Improvement Needed? Yes ... No

e. Right Upper Arm. Measurement: Improvement Needed? Yes ... No

Personal Fitness Badge Req. 7

Outline a comprehensive 12-week physical fitness program using the results of your physical fitness tests. Be sure your program incorporates the endurance, intensity, and warm-up guidelines discussed in the Personal Fitness merit badge pamphlet. Before beginning your exercises, have the program approved by your counselor and parents.

98. I outlined a 12-week fitness program using my physical fitness tests results. a. True ... b. False

99. I used the endurance, intensity, and warm-up guidelines to write my 12-week fitness program. a. True ...

b. False

100. Before beginning my exercise program, I had it approved by my counselor and my parents. a. True ... b. False

101. My written exercise program Outline is available on a separate sheet. a. True ... b. False

102. My written exercise program Outline follows. a. True ... b. False

Monday's plan includes:

Strength:

or e. other:

Time of Day:

Flexibility:

or g. other:

Time of Day:

Aerobic:

or j. other:

Time of Day:

Warm-up:

or g. other:

Time of Day:

Tuesday's plan includes:

Strength:

or e. other:

Time of Day:

Flexibility:

or g. other:

Time of Day:

Aerobic:

or j. other:

Time of Day:

Warm-up:

or g. other:

Time of Day:

Wednesday's plan includes:

Strength:

or e. other:

Time of Day:

Flexibility:

or g. other:

Time of Day:

Aerobic:

or j. other:

Time of Day:

Warm-up:

or g. other:

Time of Day:

Thursday's plan includes:

Strength:

or e. other:

Time of Day:

Flexibility:

or g. other:

Time of Day:

Aerobic:

or j. other:

Time of Day:

Warm-up:

or g. other:

Time of Day:

Friday's plan includes:

Strength:

or e. other:

Time of Day:

Flexibility:	<input type="text"/>	or g. other:	<input type="text"/>	Time of Day:	<input type="text"/>
Aerobic:	<input type="text"/>	or j. other:	<input type="text"/>	Time of Day:	<input type="text"/>
Warm-up:	<input type="text"/>	or g. other:	<input type="text"/>	Time of Day:	<input type="text"/>

Saturday's plan includes:

Strength:	<input type="text"/>	or e. other:	<input type="text"/>	Time of Day:	<input type="text"/>
Flexibility:	<input type="text"/>	or g. other:	<input type="text"/>	Time of Day:	<input type="text"/>
Aerobic:	<input type="text"/>	or j. other:	<input type="text"/>	Time of Day:	<input type="text"/>
Warm-up:	<input type="text"/>	or g. other:	<input type="text"/>	Time of Day:	<input type="text"/>

Sunday's plan includes:

Strength:	<input type="text"/>	or e. other:	<input type="text"/>	Time of Day:	<input type="text"/>
Flexibility:	<input type="text"/>	or g. other:	<input type="text"/>	Time of Day:	<input type="text"/>
Aerobic:	<input type="text"/>	or j. other:	<input type="text"/>	Time of Day:	<input type="text"/>
Warm-up:	<input type="text"/>	or g. other:	<input type="text"/>	Time of Day:	<input type="text"/>

Personal Fitness Badge Req. 8

Complete the physical fitness program you outlined in requirement 7. Keep a log of your fitness program activity (how long you exercised; how far you ran, swam, or biked; how many exercise repetitions you completed; your exercise heart rate; etc.). Repeat the aerobic fitness, muscular strength, and flexibility tests every two weeks and record your results. After the 12th week, repeat all four tests, record your results, and show improvement in each one. Compare and analyze your pre-program and post-program body composition measurements. Discuss the meaning and benefit of your experience. Test yourself again after two weeks of exercise on the information sheets provided in this book. Compare improvements. Describe your experience.

Keep a log of your fitness program activity (how long you exercised; how far you ran, swam, or biked; how many exercise repetitions you completed; your exercise heart rate; etc.).

103. My fitness program activity log completed for 12 weeks is available on another sheet. a. True ... b. False

Repeat the aerobic fitness, muscular strength, and flexibility tests every two weeks and record your results. After the 12th week, repeat all four tests, record your results, and show improvement in each one.

104. First 2-week Aerobic re-test results:

Score: Improvement? Yes ... No

105. First 2-week Muscular Strength re-test results:

a. Sit-ups in 60 seconds. Score: Improvement? Yes ... No

Score: Improvement? Yes ... No

106. First 2-week Flexibility re-test results:

Sit and Reach for distance. Score: Improvement? Yes ... No

107. Second 2-week Aerobic re-test results:

a. 1 mile in the shortest time. Score: Improvement? Yes ... No

108. Second 2-week Muscular Strength re-test results:

a. Sit-ups in 60 seconds. Score: Improvement? Yes ... No

b. Push-ups Score: Improvement? Yes ... No

109. Second 2-week Flexibility re-test results:

Sit and Reach for distance. Score: Improvement? Yes ... No

110. Third 2-week Aerobic re-test results:

a. 1 mile in the shortest time. Score: Improvement? Yes ... No

111. Third 2-week Muscular Strength re-test results:

a. Sit-ups in 60 seconds. Score: Improvement? Yes ... No

b. Push-ups Score: Improvement? Yes ... No

112. Third 2-week Flexibility re-test results:

Sit and Reach for distance. Score: Improvement? Yes ... No

113. Fourth 2-week Aerobic re-test results:

a. 1 mile in the shortest time. Score: Improvement? Yes ... No

114. Fourth 2-week Muscular Strength re-test results:

a. Sit-ups in 60 seconds. Score: Improvement? Yes ... No

b. Push-ups Score: Improvement? Yes ... No

115. Fourth 2-week Flexibility re-test results:

Sit and Reach for distance. Score: Improvement? Yes ... No

116. Fifth 2-week Aerobic re-test results:

a. 1 mile in the shortest time. Score: Improvement? Yes ... No

117. Fifth 2-week Muscular Strength re-test results:

a. Sit-ups in 60 seconds. Score: Improvement? Yes ... No

b. Push-ups Score: Improvement? Yes ... No

118. Fifth 2-week Flexibility re-test results:

Sit and Reach for distance. Score: Improvement? Yes ... No

119. Sixth & Final 2-week Aerobic re-test results:

a. 1 mile in the shortest time. Score: Improvement? Yes ... No

120. Sixth & Final 2-week Muscular Strength re-test results:

a. Sit-ups in 60 seconds. Score: Improvement? Yes ... No

b. Push-ups Score: Improvement? Yes ... No

121. Sixth & Final 2-week Flexibility re-test results:

Sit and Reach for distance. Score: Improvement? Yes ... No

122. My pre-program and post-program body composition measurements comparisons:

Body Part	Start Measurement	Body Part	End Measurement	Changed by:	How changed:
a. Right Upper Arm:	<input type="text"/>	a. Right Upper Arm:	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Shoulders:	<input type="text"/>	b. Shoulders:	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Chest:	<input type="text"/>	c. Chest:	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Abdomen:	<input type="text"/>	d. Abdomen:	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Thigh:	<input type="text"/>	e. Thigh:	<input type="text"/>	<input type="text"/>	<input type="text"/>

123. The physical fitness program I completed could be described as: [Choose all that apply]

<input type="checkbox"/> A Joke	<input type="checkbox"/> Abusive	<input type="checkbox"/> Alarming	<input type="checkbox"/> Amusing
<input type="checkbox"/> Awful	<input type="checkbox"/> Bad	<input type="checkbox"/> Boring	<input type="checkbox"/> Caring
<input type="checkbox"/> Childish	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Cool	<input type="checkbox"/> Confusing
<input type="checkbox"/> Considerate	<input type="checkbox"/> Courteous	<input type="checkbox"/> Critical	<input type="checkbox"/> Dangerous
<input type="checkbox"/> Depressing	<input type="checkbox"/> Difficult	<input type="checkbox"/> Disappointing	<input type="checkbox"/> Disgusting
<input type="checkbox"/> Dull	<input type="checkbox"/> Easy	<input type="checkbox"/> Entertaining	<input type="checkbox"/> Embarrassing
<input type="checkbox"/> Exhausting	<input type="checkbox"/> Expensive	<input type="checkbox"/> Fascinating	<input type="checkbox"/> Fine
<input type="checkbox"/> Foolish	<input type="checkbox"/> Friendly	<input type="checkbox"/> Frightening	<input type="checkbox"/> Frustrating
<input type="checkbox"/> Fun	<input type="checkbox"/> Funny	<input type="checkbox"/> Good	<input type="checkbox"/> Gloomy
<input type="checkbox"/> Great	<input type="checkbox"/> Harmful	<input type="checkbox"/> Helpful	<input type="checkbox"/> Humorous
<input type="checkbox"/> Ignorant	<input type="checkbox"/> Immoral	<input type="checkbox"/> Important	<input type="checkbox"/> Impressive

<input type="checkbox"/> Interesting	<input type="checkbox"/> Irritating	<input type="checkbox"/> Jolly	<input type="checkbox"/> Juvenile
<input type="checkbox"/> Kinky	<input type="checkbox"/> Laughable	<input type="checkbox"/> Long	<input type="checkbox"/> Naughty
<input type="checkbox"/> Nice	<input type="checkbox"/> Noisy	<input type="checkbox"/> Normal	<input type="checkbox"/> Obscene
<input type="checkbox"/> Offensive	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Painful	<input type="checkbox"/> Passionate
<input type="checkbox"/> Poor	<input type="checkbox"/> Puzzling	<input type="checkbox"/> Quiet	<input type="checkbox"/> Repelling
<input type="checkbox"/> Rude	<input type="checkbox"/> Sad	<input type="checkbox"/> Satisfying	<input type="checkbox"/> Serious
<input type="checkbox"/> Sickening	<input type="checkbox"/> Shameful	<input type="checkbox"/> Shocking	<input type="checkbox"/> Short
<input type="checkbox"/> Silly	<input type="checkbox"/> Soothing	<input type="checkbox"/> Special	<input type="checkbox"/> Spectacular
<input type="checkbox"/> Strange	<input type="checkbox"/> Stupid	<input type="checkbox"/> Surprising	<input type="checkbox"/> Terrible
<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Tiring	<input type="checkbox"/> Tricky	<input type="checkbox"/> Troublesome
<input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Unpleasant	<input type="checkbox"/> Unusual	<input type="checkbox"/> Upsetting
<input type="checkbox"/> Useful	<input type="checkbox"/> Useless	<input type="checkbox"/> Valuable	<input type="checkbox"/> Violent
<input type="checkbox"/> Weird	<input type="checkbox"/> Wicked	<input type="checkbox"/> Wonderful	<input type="checkbox"/> Worrying
<input type="checkbox"/> Worthless	<input type="checkbox"/> Brave	<input type="checkbox"/> Clean	<input type="checkbox"/> Reverend

Personal Fitness Badge Req. 9

Describe your long-term plans regarding your personal fitness.

124. My long-term personal fitness plans include [Choose all that apply]

- a. School sports participation.
- b. Youth organization activity.
- c. Improving my eating habits.
- d. Using exercise as a form of relaxation.
- e. Thanking God for all my fitness blessings.
- f. Attending to family needs with a keener insight.
- g. Having more concern about regular medical exams.
- h. Using what I have learned to live a better quality of life.
- i. Practicing and perfecting my expressions and emotions.
- j. Adjusting my thoughts in order to become a better friend.
- k. Becoming more inclined to act regarding my duty to God.

- l. Being more concerned about insuring plenty of personal rest.
- m. Investigating how my personal fitness could be used within a career objective.
- n. Taking a more active role to uphold my Scout Oath, Law, motto and slogan commitments.
- o. Contemplating my self-esteem, self-confidence, and building on my sense of personal identity.
- p. Other, explain:

Scout's Name: Troop Number: Today's Date: