

## PART III - OBJECTIVE MEASURES

### PARTICIPANT NUMBER

	Participant id
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### SESSION NUMBER

	Session number
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### ASSESSMENT DATE

	dd/mm/yyyy
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### PHYSICAL EDUCATION / COACHES

Regarding the training sessions, in the last month, please describe the amount (0 to 100%) of each type of exercise:

**Aerobic activity (%):**

	
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**Muscle-strengthening exercises (legs, hips, back, abdomen, chest, shoulders, and arms) (%):**

	
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**Balance/coordination (%):**

	
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**NOTE: the sum of the 3 categories needs to be 100%.**

Regarding the training sessions, in the last month, please describe the amount (0 to 100%) in each degree of training intensity (MET\*):

**light (1-3 METs):**

	in %
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**moderate (3-6 METs...):**

	in %
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**vigorous (>6 METs...):**



in %

**NOTE: the sum of the 3 categories needs to be 100%.**

**\*The Metabolic Equivalent of Task (MET), or simply metabolic equivalent, is a physiological measure expressing the energy cost of physical activities.**

## BLOOD PRESSURE

### SYSTOLIC



In mmHg

### DIASTOLIC



In mmHg

## ANTHROPOMETRIC MEASURES

### HEIGHT



In m

### WEIGHT



In Kg

### %FAT



in %

## PERIMETERS

### WAIST (W)



in cm

### HIP (H)



in cm

## FITNESS MEASURES

### HANDGRIP DOMINANCE

- 1- Right  
 2- Left

**Right: 1°**



In Kg

**Right: 2°**

In Kg

**Right: 3°**

In Kg

**Left: 1°**

In Kg

**Left: 2°**

In Kg

**Left: 3°**

In Kg

**CHAIR STAND TEST (N° OF REPETITIONS)**

n° of repetitions

**WALK TEST (6 MINUTES)**

In meters

**CHAIR SIT AND REACH TEST**

In cm

**UP AND GO TEST**

In seconds

**SHOULDER FLEXIBILITY**

Send