# Assessment Results Form

## Essential Cardiovascular Assessment Results

<table>
<thead>
<tr>
<th>Date:</th>
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</table>

**Heart Rate**

- Resting heart rate: ___________ bpm
- Exercise heart rate: ___________ bpm

**Blood Pressure**

- Resting blood pressure: ____/____ mmHg

## Body-Composition Assessment Results

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

**Height, Weight, and Body Mass Index**

- Weight (lb): ___________
- Height (in): ___________

If necessary, convert to metric units: Weight in pounds x 0.454 = Weight in kg  
Height in inches x 0.0254 = Height in m

- Weight (kg): ___________
- Height (m): ___________

Calculate body mass index (BMI): Weight (kg) \( \div \) Height\(^2\) (m) or  
BMIs = Weight (kg)/Height\(^2\) (m) or  
BMIs = \( \frac{\text{Weight (lb)}}{\text{Height}\(^2\) (in) \times 703}} \)

*Note: Refer to page 207 for a BMI chart.*

**Skinfold Measurements**

<table>
<thead>
<tr>
<th>Date:</th>
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</table>

**Men**

- Chest: ___________
- Abdomen: ___________
- Thigh: ___________
- Total: ___________

**Women**

- Triceps: ___________
- Suprailium: ___________
- Thigh: ___________
- Total: ___________

% Body-fat estimation: ___________

*Note: Refer to pages 203 and 204 to determine body-fat estimates.*

**Girth Measurements**

<table>
<thead>
<tr>
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</table>

- Abdomen: ___________
- Hip: ___________
- Waist: ___________

Waist-to-hip ratio: ___________

*Note: Refer to page 209 for a waist-to-hip ratio norms table and to page 210 for waist circumference categories.*
SPORT-SKILL ASSESSMENTS

STANDING LONG JUMP
Date: _________________
Distance jumped:
Attempt 1: _____
Attempt 2: _____
Attempt 3: _____
Percentile rank: _____
Note: Refer to page 251 to determine percentile ranks.

VERTICAL JUMP TEST
Date: _________________
Height jumped:
Attempt 1: _____
Attempt 2: _____
Attempt 3: _____

SPEED, AGILITY, AND QUICKNESS TESTING

PRO AGILITY TEST
Date: _________________
Time:
Attempt 1: _____
Attempt 2: _____
Attempt 3: _____

40-YARD DASH
Date: _________________
Time:
Attempt 1: _____
Attempt 2: _____
Average of 2 attempts: _____
1-RM LEG PRESS

Set 1
Resistance: _____
Number of repetitions: _____

Set 2
Resistance: _____
Number of repetitions: _____

Set 3
Resistance: _____
Number of repetitions: _____

1-RM effort
Resistance: _____
Number of attempts: _____

Comments: _________________________________________________________________________________________________
____________________________________________________________________________________________________________

Absolute strength: _____
Relative strength: _____ (1-RM/Client’s weight)
Performance rating: __________

Note: Refer to pages 245 and 246 to determine performance rating

DATE: ________________

1-RM SQUAT TEST

Set 1
Resistance: _____
Number of repetitions: _____

Set 2
Resistance: _____
Number of repetitions: _____

Set 3
Resistance: _____
Number of repetitions: _____

1-RM effort
Resistance: _____
Number of attempts: _____

Comments: _________________________________________________________________________________________________
____________________________________________________________________________________________________________

Absolute strength: _____
Relative strength: _____ (1-RM/Client’s weight)
## MUSCULAR-ENDURANCE TESTING

**PUSH-UP TEST**
- Number performed: _____
- Performance rating: ________
*Note: Refer to page 235 to determine performance rating.*

**CURL-UP TEST**
- Number performed: _____
- Performance rating: ________
*Note: Refer to pages 237 and 238 to determine performance rating.*

**BODY-WEIGHT SQUAT TEST**
- Number performed: _____  Depth of squat: _____ degrees

## MUSCULAR-STRENGTH TESTING

### 1-RM BENCH PRESS TEST

<table>
<thead>
<tr>
<th>Set</th>
<th>Resistance: _____</th>
<th>Number of repetitions: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Resistance: _____</td>
<td>Number of repetitions: _____</td>
</tr>
<tr>
<td>2</td>
<td>Resistance: _____</td>
<td>Number of repetitions: _____</td>
</tr>
<tr>
<td>3</td>
<td>Resistance: _____</td>
<td>Number of repetitions: _____</td>
</tr>
</tbody>
</table>

**Set 4**
- Resistance: _____
- Number of repetitions: _____

**Set 5 (if needed)**
- Resistance: _____
- Number of repetitions: _____

**Set 6 (if needed)**
- Resistance: _____
- Number of repetitions: _____

### 1-RM effort
- Resistance: _____
- Number of attempts: _____

Comments: ____________________________________________

Absolute strength: ________
Relative strength: ________ (1-RM/Client's weight)
Performance rating: ________
*Note: Refer to page 243 to determine performance rating.*
VT 2 THRESHOLD TEST

Minute 16  HR: _____ bpm
Minute 17  HR: _____ bpm
Minute 18  HR: _____ bpm
Minute 19  HR: _____ bpm
Minute 20  HR: _____ bpm

VT2 estimate: _____ bpm (Average HR x 0.95)

ROCKPORT FITNESS WALKING TEST (1 MILE)

1-mile time: _______________  Immediate post-exercise heart rate: _______________ bpm
RPE: _______________  Weather: _______________  Location: _______________
Surface: _______________  Other notes: _________________________________________________________

Calculate \( \dot{V}O_2 \):
Females: \( \dot{V}O_2 \) (mL/kg/min) = 132.853 – (0.1692 x Weight in kg) – (0.3877 x Age) – (3.265 x Walk time,
expressed in minutes to the nearest 100th) – (0.1565 x HR)
Males: \( \dot{V}O_2 \) (mL/kg/min) = 139.168 – (0.1692 x Weight in kg) – (0.3877 x Age) – (3.265 x Walk time,
expressed in minutes to the nearest 100th) – (0.1565 x HR)

\( \dot{V}O_2 \): _______________
Performance rating: _______________

Note: Refer to page 228 to determine performance rating.

1.5-MILE RUN

Weight (kg): _____  Exercise time: _____  Post-exercise HR: _____ bpm  Percentile: __________

Note: Refer to page 229 to determine percentile.

YMCA SUBMAXIMAL STEP TEST

Post-exercise one-minute HR: _____ bpm  Performance rating: _______________

Note: Refer to page 232 to determine performance rating.
YMCA BIKE TEST

Submaximal target exercise heart rate: __________

Weight (kg): __________

Seated, resting blood pressure: __________

**Stage 1:**

- Minute 1: HR _____ bpm  RPE _____
- Minute 2: HR _____ bpm  RPE _____
- Minute 3: BP _____/_____ mmHg  HR _____ bpm  RPE _____
- Minute 4 (if needed): BP _____/_____ mmHg  HR _____ bpm  RPE _____

**Stage 2:**

- Minute 1: HR _____ bpm  RPE _____
- Minute 2: HR _____ bpm  RPE _____
- Minute 3: BP _____/_____ mmHg  HR _____ bpm  RPE _____
- Minute 4 (if needed): BP _____/_____ mmHg  HR _____ bpm  RPE _____

**Stage 3:**

- Minute 1: HR _____ bpm  RPE _____
- Minute 2: HR _____ bpm  RPE _____
- Minute 3: BP _____/_____ mmHg  HR _____ bpm  RPE _____
- Minute 4 (if needed): BP _____/_____ mmHg  HR _____ bpm  RPE _____

**Stage 4:**

- Minute 1: HR _____ bpm  RPE _____
- Minute 2: HR _____ bpm  RPE _____
- Minute 3: BP _____/_____ mmHg  HR _____ bpm  RPE _____
- Minute 4 (if needed): BP _____/_____ mmHg  HR _____ bpm  RPE _____

FIRST VENTILATORY THRESHOLD TEST (TALK TEST) USING A TREADMILL

Pre-exercise HR: _____ bpm  Pre-exercise BP (if necessary): _____/_____ mmHg

**Stage 1:**

- HR: _____ bpm  Client assessment of discomfort __________

**Stage 2:**

- HR: _____ bpm  Client assessment of discomfort __________

**Stage 3:**

- HR: _____ bpm  Client assessment of discomfort __________

VT1 HR: _____ bpm