

# Astrand Rhyming Test

## PATIENT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender:

Male  Female  Prefer not to say

Test date: \_\_\_\_\_ dd / mm / yyyy Weight Result: \_\_\_\_\_

Resting heart rate Result: \_\_\_\_\_ Target heart rate Result: \_\_\_\_\_

Minute 1: \_\_\_\_\_ Minute 2: \_\_\_\_\_

Minute 3: \_\_\_\_\_

Minute 4: \_\_\_\_\_ Minute 5: \_\_\_\_\_

Minute 6: \_\_\_\_\_ Additional minute (if needed): \_\_\_\_\_

Steady-state heartrate (HRss) after 6 minutes of exercise Result: \_\_\_\_\_ Workload Result: \_\_\_\_\_

Average heart rate (minutes 5 & 6) Result: \_\_\_\_\_

VO2max estimation Using monogram: \_\_\_\_\_ VO2max estimation Using formula: \_\_\_\_\_

Adjusted VO2max Result: \_\_\_\_\_

Additional notes Specify below:

Healthcare professional Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ dd / mm / yyyy