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