

Body Composition Checklist

This form should be completed before and during the Body Composition assessment.

Participant _____

Identification Number _____

Date of birth _____

Date of the visit _____

Section 1: BODPOD device

- | | | |
|---|-----------------------------|-----------------------------|
| 1. Room temperature is between 21° and 27°C | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 2. Room humidity is between 20% and 70% relative humidity | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 3. Doors and/or windows are closed | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 4. Warm-up, set up 24 h before the evaluation, was successfully completed(*) | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 5. Analyze Hardware is performed(*) | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 6. Last weight scale calibration was performed within the previous two weeks <small>(date_____)</small> | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 7. Check scale is performed(*) | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 8. Autorun is performed(*) | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 9. Volume is performed(*) | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| • 50 L volume test for subjects > 6 years of age | | ___ |
| • 20 L volume test and application of infant carrier for children < 6 years of age | | ___ |

*Each of these steps must be passed; whereas the failed step must be repeated.

Section 2: Preparation of the subject before the assessment

- | | | |
|---|-----------------------------|-----------------------------|
| 1. Subject's data of name, date of birth, height, ethnicity have been entered | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 2. Subject has been fasting for at least 8 hours | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 3. Urine and stool have been passed | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 4. Subject is free of watch, bracelets, earrings or rings | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 5. Subject wears only a tight fitting swimsuit and an acrylic bathing cap | <input type="checkbox"/> SI | <input type="checkbox"/> NO |

Section 3: BODPOD assessment steps

- | | | |
|---|-----------------------------|-----------------------------|
| 1. Subject is weighted | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 2. Subject entered the BODPOD and seated with its back adherent to the seat back | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 3. Subject breathed normally, remained quiet and relaxed during the test | <input type="checkbox"/> SI | <input type="checkbox"/> NO |
| 4. At the end of measurements the subject self-reported its current physical activity level | <input type="checkbox"/> SI | <input type="checkbox"/> NO |

Results are appropriately recorded by the researcher:

NAME/SURNAME _____

Signature _____