

# Body Composition Test

Patient information
Name:
Age:
Gender:
Height:
Weight:
Date of birth:
Date of test:
Medical history:
Test procedure
Pre-test instructions
Ensure the patient is well-hydrated.
The patient should avoid food, caffeine, alcohol, and exercise for 2-3 hours before the test.
Remove any metal objects and wear light clothing.
Measurements
1. Body fat percentage
Method:
Air displacement plethysmography (Bod Pod)
Bioelectrical impedance analysis (BIA)
DEXA scan
Hydrostatic weighing
Skinfold calipers
Others:
Measurement 1:
Measurement 2:
Measurement 3:
Average body fat percentage:

## 2. Lean body mass

Method:

Air displacement plethysmography (Bod Pod)

Bioelectrical impedance analysis (BIA)

DEXA Scan

Hydrostatic weighing

Skinfold calipers

Others:

Measurement 1:

Measurement 2:

Measurement 3:

Average lean body mass:

## 3. Muscle mass

Method:

Bioelectrical impedance analysis (BIA)

DEXA scan

Others:

Measurement 1:

Measurement 2:

Measurement 3:

Average muscle mass:

## 4. Visceral fat level

Method:

Bioelectrical impedance analysis (BIA)

DEXA scan

Others:

Measurement 1:

Measurement 2:

Measurement 3:

Average muscle mass:

## 5. Body mass index (BMI)

Calculation:  $\text{Weight (kg)} / (\text{Height (m)}^2)$

BMI:

## 6. Waist-to-hip ratio

Waist circumference:

Hip circumference:

Waist-to-hip ratio:

### Interpretation

#### Body fat percentage

- Essential fat: 2-5% (men)
- Athletes: 6-13% (men)
- Fitness: 14-17% (men)
- Acceptable: 18-24% (men)
- Obese: >25% (men)

#### Lean body mass

#### Muscle mass

#### Visceral fat level

- Normal: 1-12
- High: 13-59
- Very high: 60+

#### Body mass index (BMI)

- Underweight:  $<18.5 \text{ kg/m}^2$
- Normal weight:  $18.5\text{-}24.9 \text{ kg/m}^2$
- Overweight:  $25\text{-}29.9 \text{ kg/m}^2$
- Obesity:  $\geq 30 \text{ kg/m}^2$

**Waist-to-hip ratio**

• Low risk: <0.9 (men)

• Moderate risk: 0.9-0.99 (men)

• High risk:  $\geq 1.0$  (men)

**Healthcare professional's notes****Overall assessment****Recommendations****Follow-up plan****Additional comments****Healthcare professional's information**

Name:

Title:

Signature:

Date: