

## BODY COMPOSITION ANALYSIS

**Client:** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer:** \_\_\_\_\_ **Session #:** \_\_\_\_/\_\_\_\_

**Training Focus:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**ANTROPOMETRY:**

Standing Height (cm)	Body Weight (kg)

**GIRTHS:** (cm)

R-Thigh	R-Upper Arm	R-Calf	Waist	Chest
L-Thigh	L-Upper Arm	L-Calf	Hip	Waist-Hip Ratio

**SKINFOLDS:** (mm)

SITE	TRIAL 1	TRIAL 2	TRIAL 3	AVERAGE	HEALTH BENEFIT ZONE
Triceps					
Biceps					
Subscapular					
Iliac Crest					
Medial Calf					
Sum of Skinfolds					
Sum of Trunk Skinfolds					

**NOTES/ CLIENT FEEDBACK:**

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**FOLLOW UP ASSESSMENT DATE:** \_\_\_\_\_