

Basic Health questionnaire for the conduct of the experiment

Now, we procedure to ask some basic questions about your physical condition and health. As we explained in the informed consent document, all the information collected in this document are confidential and you have the right to rectify it. The volunteer is requested to answer as truthfully and as accurately as possible, in order to facilitate the collection of conclusive data.

VOLUNTEER NUMBER	
NAME	
SURNAME	
BIOLOGICAL SEX (M/F)	
HEIGHT (cm)	
WEIGHT (kg)	
BMI	
SMOKER	
HOW MANY TIMES DO YOU DO SPORT PER WEEK?	
WHAT KIND OF SPORT?	
DO YOU HAVE RESPIRATHORY PROBLEMS?	
DO YOU HAVE HEART CONDITION?	
DO YOU HAVE ANY OTHER PREVIOUS PATHOLOGY?	