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Příloha 1 *Borgova Škála*

Borg scale	Heart rate	Intensity %
6	60-70	10%
7 Very, very light	70-80	
8	80-100	20%
9 Very light	90-110	
10	100-120	30%
11 Fairly light	110-130	
12	120-140	40%
13 Somewhat hard	130-150	50%
14	140-160	60%
15 Hard	150-170	70%
16	160-180	
17 Very hard	170-190	80%
18	180-200	90%
19 Very, very hard	190-210	100%
20	200-220	

Zdroj: Suárez-Rodriguez & Del Velle (2019)

Příloha 2 *PAR-Q+ (Physical Activity Readiness Questionnaire for Everyone)*

2021 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition ☐ **OR** high blood pressure ☐?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity?	☐	☐
3) Do you lose balance because of dizziness **OR** have you lost consciousness in the last 12 months? Please answer **NO** if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? **PLEASE LIST CONDITION(S) HERE:** _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? **PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:** _____	☐	☐
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer **NO** if you had a problem in the past, but it **does not limit your current ability** to be physically active. **PLEASE LIST CONDITION(S) HERE:** _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

If you answered NO to all of the questions above, you are cleared for physical activity.
Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow Global Physical Activity Guidelines for your age (https://www.who.int/publications/i/item/9789240015128).
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION
If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

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Zdroj: „Eparmedx“ (2020)

Příloha 3 *Informovaný souhlas*

Informovaný souhlas

Vážený pane, dovoluji si Vás oslovit a nabídnout Vám účast na výzkumném projektu, který je praktickou částí bakalářské práce „Vliv užití sacharidového roztoku metodou „mouth rinse" na vytrvalostní výkon", jejímž autorem je Mgr. Jan Stuparič – student 1. lékařské fakulty Univerzity Karlovy oboru Nutriční terapeut.

Cílem této práce je zjistit a ověřit, zda může vypláchnutí úst sacharidovým roztok neboli carbohydrate mouth rinse (CMR) pozitivně ovlivnit běžecký vytrvalostní výkon.

Všechny formy měření jsou neinvazivní a veškerá sebraná data budou zveřejněna anonymně.

Pan (jméno a příjemní) .....

- Souhlasí s účastí na výzkumném projektu v rámci bakalářské práce „Vliv užití sacharidového roztoku metodou „mouth rinse" na vytrvalostní výkon".
- Souhlasí se zveřejněním dat a výsledků měření, které byly sebrány pro účely výzkumného projektu. (Data budou prezentována anonymní formou)
- Byl detailně a srozumitelně seznámen s průběhem výzkumného projektu a s metodami měření. Veškeré dotazy mu byly dostatečně a srozumitelně vysvětleny.

V Praze dne .....

Podpis .....

Příloha 4 *Garmin Forerunner 745*

Příloha 5 *Garmin HRM TRI*

Příloha 6 *Feeling Scale*

FEELING SCALE	
+5	Very Good
+4	
+3	Good
+2	
+1	Fairly Good
0	Neutral
-1	Fairly Bad
-2	
-3	Bad
-4	
-5	Very Bad

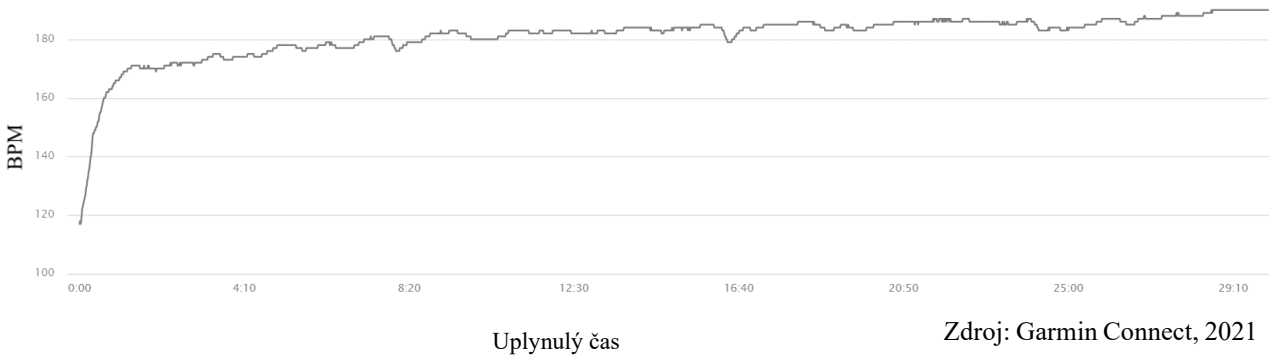
Zdroj: ResearchGate GmbH (n.d.)

Příloha 7 *Maltodextrin (GymBeam)*

Příloha 8 *Tabulka záznamu měření*

Datum měření	/		FS (bez CMR)	FS (CMR)
Jméno		10. min		
Věk		20. min		
Výška		30. min		
Hmotnost				
Počet kol	bez CMR	CMR		
Poznámky				

Příloha 9 *Záznam TF při testu s CMR – proband č. 6*



Zdroj: Garmin Connect, 2021