

Questionnaire for FIRST Lab Testing Lifestyle and Training History

Please complete the questionnaire to the best of your knowledge. Taking the time to provide as accurate answers as possible will result in a more successful training program. All responses will be held in the strictest of confidence.

I. Personal Information

Date _____

First Name _____ Middle _____ Last _____

Preferred Name _____ Birthdate _____ Gender _____

Age _____ yrs. Weight _____ lbs. Height _____ inches

Address _____

City _____ State _____ Zip _____

Telephone No. _____ E-mail address _____

Occupation: _____

Approximately how many hours do you work a week? _____ hrs.

Emergency Contact _____ Telephone No. _____

Physician Name _____ Telephone No. _____

II. Medical Background:

- Are you currently under physician's care? Yes No _____
- Please list any medications you are presently taking: _____
- Do you have diabetes? Yes No _____
- Have you ever had a stroke? Yes No _____
- Has your doctor ever said you have heart trouble? Yes No _____
- Do you take asthma medication? Yes No _____
- Are you, or do you have any reason to believe, you may be pregnant? Yes No _____
- Is there any other physical reason that prevents you from participating in an exercise program (e.g. cancer, osteoporosis, severe arthritis, mental illness, thyroid, kidney, or liver disease)? Yes No _____
- Has your doctor ever told you that you have a heart murmur? Yes No _____

III. Current Fitness

Height (inches): _____

Weight (pounds) _____

What do you consider to be your ideal running weight? _____

If known, Maximal Heart Rate: _____ bpm Method: _____

If known, VO₂ MAX: _____ ml/kg/min Method: _____

If known, Lactate Threshold: _____ Method: _____

If known, percent body fat: _____ % Method: _____

Do you monitor your morning heart rate? Yes No if "yes," please describe _____

Do you train with a heart rate monitor? Yes No _____

Please indicate on the scale your **perceived** current level of fitness



Please describe your previous training and racing (years, races, etc.)

IV. Current Running

Have you ever done a 5K race? Yes No If "yes," recent race & time _____

Have you ever done a 8K race? Yes No If "yes," recent race & time _____

Have you ever done a 5 mile race? Yes No If "yes," recent race & time _____

Have you ever done a 10K race? Yes No If "yes," recent race & time _____

Have you ever done a 10 mile race? Yes No If "yes," recent race & time _____

Have you ever done a half - marathon? Yes No If "yes," recent race & time _____

Have you ever done a marathon? Yes No If "yes," recent race & time _____

Do you do any other exercise? Yes No _____

Do you have/use a heart rate monitor? Yes No _____

Do you have any current physical injuries? Yes No _____

V. Current Training

Please describe your **current** exercise/training program. Try to give an example of a **typical** week (not an ideal or best training week). Please provide as much detail as possible. Indicate time, distance, effort, etc.

Day	Activity	Distance	Time	Effort	Comments
Monday					
Tuesday					
Wed.					
Thurs					
Friday					
Saturday					
Sunday					

Approximately how many hours a week do you exercise? _____

How often do you take a day off from training? _____

VI. Goals

General goals with FIRST.

- _____ Improve aerobic capacity and fitness
- _____ Reduce excess body fat
- _____ More systematic training program
- _____ Nutritional advice
- _____ Race faster
- _____ _____

Do you have any specific goals (races, events)?

Please list and describe your perceived strengths and weaknesses

Strengths

Areas needing Improvement

When are you available for lab testing? _____

Please return this form to

FIRST
 Department of Health and Exercise Science
 Furman University
 3300 Poinsett
 Greenville, South Carolina 29613.

In order to schedule lab testing, FIRST will need to coordinate FIRST staff schedule, the lab schedule and your testing availability. Once this form is received, you will be contacted to schedule your lab testing session.

INFORMED CONSENT

In order to assess cardiopulmonary function, blood lactate levels, running economy and/or body composition, I, the undersigned hereby voluntarily consent to engage in one or more of the following tests:

Check the lab assessments of which you are interested

- Progressive maximal test w/ ventilatory and heart rate analysis
- Blood lactate analysis
- Running Economy
- Body composition tests (underwater weighing)

Explanation of the Tests

The progressive maximal test measures an individual's maximal aerobic capacity (VO_{2max}) and corresponding heart rate. These tests are performed on a motor-driven treadmill. In each case you will have your ventilation and heart rate monitored by the appropriate electronic equipment. The workload is increased every stage until exhaustion or until other symptoms dictate the termination of the test. You may stop the test at any time.

The blood lactate analysis is done to measure an individual's blood lactate transition thresholds at a given workload. These tests are performed on a motor-driven treadmill. In each case you will have your ventilation and heart rate monitored by the appropriate electronic equipment. The workload is increased every 4-7 minutes until a workload equal to 75-90% of VO_{2max} is reached. Small blood samples are taken from the fingertip pre-, post-, and at each stage of the test before the workload is increased. These test results are paired with results from the progressive maximal test to generate a lactate curve. You may stop the test at any time.

The underwater weighing procedure involves being completely submerged under water after fully expelling the air from your lungs. You will need to be submerged for 15-20 seconds, but no more than 30 seconds, while we measure your underwater weight. This process will be repeated 4 to 5 times, with the 3 best trial readings used. You may stop the test at any time.

Testing Risks

During the graded exercise stress test, blood lactate analysis, and running economy testing, there may be certain risks. These include, but are not limited to, abnormal blood pressure responses, fainting, and irregularities in heartbeat. The risk of heart attack in maximal tests has been found to be minimal (less than .04% risk of heart attack, less than .01% risk of death). There may also be some mild discomfort and swelling of the fingers associated with the blood lactate analysis. Please know every effort is made to minimize these risks and that emergency protocols and trained personnel are available to deal with these situations if they arise.

You may experience some discomfort during the underwater weighing, especially after expelling all the air from your lungs. However, this is momentary discomfort, and is usually recovered from quickly. If this test causes too much discomfort, an alternative procedure (e.g. skinfolds) can be used to estimate your body composition.

Expected Benefits From Testing

These tests allow us to assess your current physical work capacity and to appraise your current physical fitness status. The results will allow you to determine where your strengths and weaknesses lie, and can be used to alter your training program to work on these areas. Records are kept strictly confidential unless you consent to release this information.

Inquiries

Questions about the procedures used in the physiological testing are encouraged. If you have any questions or need additional information about any of the tests you are involved in, please ask us to explain further.

Freedom of Consent

Your permission to perform the physiological tests is strictly voluntary. You are free to stop the tests at any point, if you so desire. However, if tests are voluntarily stopped before valid and/or significant data can be derived, there will be no refunding of test fees.

I have read this form carefully and I fully understand the test procedures that I will perform and the risks involved with them. Knowing these risks and having had the opportunity to ask questions that have been answered to my satisfaction, I consent to participate in these tests.

Client Signature _____ Date _____

Witness Signature _____ Date _____

FIRST Staff Signature _____ Date _____

(To be signed upon arrival at the lab)