

**Subject Screening Form The Effect of Lateral Bicycle
Dynamics on Maximal Power Output** Investigators: Ross Wilkinson,
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Boulder

Name (please print): Quinn Lehmkuhl

Date of Birth: 10/01/1999

Height: 5'7

Weight: 135

Shoe size: Women's 6

Years of cycling experience: 10 years

Hours of cycling per week: 4-6

**PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR
KNOWLEDGE.**

1. Describe briefly your typical weekly physical exercise. Indicate approximate duration frequency and intensity. For example: "I ride outside 3 or 4 times per week." or "I ride indoors on a trainer when it is too cold or snowy outside".

I usually ride outside 2-3 times a week. I also run 4-5 times a week, rollerski 4-5 times a week and do strength 2-3 times a week. I do both easy L1 and interval sessions that are L3-L4.

2. Are you in good general health?

☒ Yes ☐ No

If no, please specify any known problems:

3. Do you have any difficulty with walking, cycling or mobility in general?

☐ Yes ☒ No

If yes, please specify:

4. Do you have any problem with balance or dizziness?

☐ Yes ☒ No

If yes, please specify:

5. Do you currently have lingering symptoms or pain related to a serious musculoskeletal injury to your legs, feet, or back?

☒ Yes ☐ No

If yes, please specify:

Moderate lower back pain due to a ski injury a couple of years ago. This does not seriously impact my life or activity though.

6. Do you have asthma or exercise-induced asthma?

☒ Yes ☐ No

If yes, please specifically explain whether your asthma does or does not cause you problems. For example, you could state: "I usually have trouble breathing when I exercise" or "My asthma makes it hard to breathe only when it is cold outside", or "Never had a problem" or "Occasionally, I have problems breathing but I have an inhaler that I use".:

I occasionally have slight trouble breathing during very high intensity or when its very cold. When I use an inhaler, it does not happen as much.

7. Has a doctor told you that you have high blood pressure?

☐ Yes ☒ No

8. Have you ever had a heart attack?

☐ Yes ☒ No

9. Has a doctor told you that your cholesterol is at a high risk-level?

☐ Yes ☒ No

10. Do you have diabetes or has a doctor told you that you have diabetes or pre-diabetes?

☐ Yes ☒ No

11. Do you have renal (kidney) disease?

☐ Yes ☒ No

12. Do you smoke cigarettes?

☐ Yes ☒ No

