Subject Screening Form
The Effect of Lateral Bicycle Dynamics on Maximal Power Output
Investigators: Ross Wilkinson, Ph.D. and Rodger Kram, Ph.D.
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Name (please print) : Arisa Choi

Date of Birth: 06-20-1984

Height: 5'7"

Weight: 149lbs

Shoe size: 7.5

Years of cycling experience: 4

Hours of cycling per week: 5-6

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 ride 2-3 times a week outside and attend a spinning class 2-3 times a week.

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: _____

_____

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"*.:

_____

_____

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