

Subject Screening Form

The Effect of Lateral Bicycle Dynamics on Maximal Power Output

Investigators: Ross Wilkinson, Ph.D. and Rodger Kram, Ph.D.
Integrative Physiology Dept.
University of Colorado Boulder

Name (please print) : Ammar Ahmed

Date of Birth: 30th May, 1993

Height: 5' 7"

Weight: 150 LBS

Shoe size: 42.5

Years of cycling experience: 15 Years

Hours of cycling per week: 2 Hours

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 outside for 2 times per weeks on weekends.

2. Are you in good general health? **YES**

☐ Yes

If no, please specify any known problems: _____

3. Do you have any difficulty with walking, cycling or mobility in general? **NO**

☐ No

If yes, please specify: _____

4. Do you have any problem with balance or dizziness? **NO**

☐ 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? **NO**

☐ No

If yes, please specify: _____

6. Do you have asthma or exercise-induced asthma? **NO**

☐ 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? **NO**

☐ Yes ☐ No

8. Have you ever had a heart attack? **NO**

☐ Yes ☐ No

9. Has a doctor told you that your cholesterol is at a high risk-level? **NO**

☐ Yes ☐ No

10. Do you have diabetes or has a doctor told you that you have diabetes or pre-diabetes? **NO**

☐ Yes ☐ No

11. Do you have renal (kidney) disease? **NO**

☐ Yes ☐ No

12. Do you smoke cigarettes? **NO**

☐ Yes ☐ No