



[HUMAN PERFORMANCE LAB]

providing excellence in sport science

Pre Service Questionnaire

Please return this form to Stanford HPL at least 48 hours prior to your appointment
Fax: 650.725.2607

This questionnaire is divided into three parts; client information, health and medical questionnaire, and athletic background and goals. This questionnaire is an integral part of our ability to provide you with the best service possible as well as ensure that you are in a fit and healthy state to complete our services. Please take the time to complete as much as possible and be sure to return the questionnaire to Stanford HPL *at least 48 hours* prior to your appointment.

PART 1 – Client Information

The first part of this form is to be used for our records and to better understand our client base, thus enabling us to serve you better.

Last Name		First Name		Middle Initial
Street				
City			State	Zip
Work	Home		Cell	
Email				
Age	DOB	Gender	Test Date	

1. How did you hear about Stanford HPL?

- ☐ Student/Student-athlete at Stanford University
- ☐ Referral from a friend – Name _____
- ☐ Magazine/Newspaper Article
- ☐ Advertisement
- ☐ Internet search or ad
- ☐ Lecture/Event - _____
- ☐ From my coach – Name _____

2. What is your primary sport?

- ☐ Cycling
- ☐ Running
- ☐ Swimming
- ☐ Triathlon
- ☐ Other _____

PART II – Medical and Health Questionnaire

This section allows us to pre-screen your health status and ensure that you will be ready to test on the day of appointment and you will be cleared for your Stanford HPL Performance Assessment

If your appointment is for bike fit only and you do not intend to have a performance assessment now, or in the future, feel free to move on to Part III.

1. Do you smoke? ☐ Y ☐ N

Have you smoked more than a life time total of 100 cigarettes? ☐ Y ☐ N

If yes, how long since you quit? _____

2. Have you ever had your blood cholesterol measured? If yes what were the results?

Total cholesterol _____ HDL _____ LDL _____

3. Do you have diabetes? ☐ Y ☐ N; if yes, how is it treated (encircle all that apply)?
Insulin Medications Diet

4. Do you have any chronic disease(s) or have you had any major surgeries? ☐ Y ☐ N

If yes, please list here: _____

5. Are you currently taking any prescription or over the counter medications, supplements, vitamins or herbal preparations? If so please list _____

6. Do you have any physical limitations? (i.e. ankle, knee, back, or other injury that may limit your performance on an exercise test) If so please list _____

7. Do you or have you been told you suffer from exercised induced asthma? ☐ Y ☐ N

8. Do you exercise regularly? ☐ Y ☐ N

If so what do you do for physical activity? _____

How many times/week do exercise? _____

How long is each exercise session? _____ Estimate the maximum intensity in your session (encircle one): light moderate heavy maximal

8. Have you been advised for some medical reasons not to participate in certain sport(s) for a period of time? Please provide details:

9. Can you think of any other complications that may inhibit your performance?

10. Family History

Have any of your immediate relatives (parents, siblings, or offspring) experienced a cardiovascular complication (heart attack, chest pain, palpitations, loss of consciousness) or sudden death? ☐ Y ☐ N

If yes, please describe and list their relationship to you and at the age of the individual when it occurred?

11. Have you ever experienced any of the following?

Pain in the neck, chest, or jaw with exercise	<input type="radio"/>	<input type="radio"/> Y <input type="radio"/> N
Shortness of breath w/mild exertion	<input type="radio"/>	<input type="radio"/> Y <input type="radio"/> N
Dizziness or near passing out	<input type="radio"/>	<input type="radio"/> Y <input type="radio"/> N
Loss of consciousness	<input type="radio"/>	<input type="radio"/> Y <input type="radio"/> N
Swollen Ankles	<input type="radio"/>	<input type="radio"/> Y <input type="radio"/> N
Abnormal heart beat, palpitations	<input type="radio"/>	<input type="radio"/> Y <input type="radio"/> N
Calf pain with leg exercise that made you stop	<input type="radio"/>	<input type="radio"/> Y <input type="radio"/> N
Unusual fatigue or shortness of breathe	<input type="radio"/>	<input type="radio"/> Y <input type="radio"/> N

12. Have you ever been told by a physician that you had a heart murmur or abnormal ECG or other medical test? ☐ Y ☐ N ... if yes, please explain:

Emergency Contact Information:

Name:	
Relationship:	Phone Number(s):

For lab personnel to fill out

Risk factors (circle all that pertain): smoking (current, stopped), High blood pressure, hyperlipidemia
Diabetes, obesity, positive family history for premature heart disease _____

Important signs/symptoms: _____

Risk Stratification (circle one) Low Medium High

PART III: Athletic Background and Goals

This section will help us understand your past participation and training in endurance sports, along with an insight into other aspects that may enable us to provide the best service.

How would you describe your current level of activity?

- ☐ Sedentary
- ☐ Moderately active
- ☐ Highly active

How would you describe your present level of fitness?

- ☐ Unfit
- ☐ Moderately fit
- ☐ Trained
- ☐ Highly trained

What is your primary reason for coming to the Stanford HPL?

- ☐ Performance Assessment (physiological testing)
- ☐ Medical Testing/Exercise Test
- ☐ Coaching / Consulting

What is your primary goal over the coming months?

- ☐ Athletic event(s) / race(s)_____
- ☐ Touring event / vacation_____
- ☐ Recreational riding / running performance
- ☐ General Fitness gains
- ☐ Overall improvement in medical health and fitness

Please describe your *current* typical exercise week (activity and duration):

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

Saturday_____

Sunday_____

What do you feel is your biggest limiter / weakness in your exercise and training?

- ☐ Time to commit to training
- ☐ Body Composition
- ☐ Strength / Power
- ☐ Aerobic Fitness
- ☐ Injuries
- ☐ Motivation
- ☐ Other_____