

**RUNNING PRE-SCREENING QUESTIONNAIRE**

This is to be completed in preparation for your Running Training Schedule. It is important that you disclose ALL of your existing medical conditions so that we/I may determine whether to seek further medical advice before commencing with your program. This questionnaire does not provide medical advice in any form and does not substitute advice from appropriately qualified professionals.

Fill out this questionnaire and email it to me at [morgans@mweb.co.za](mailto:morgans@mweb.co.za). This helps me give more personalized, detailed advice to you. Please allow **at least 5 business days** to write your plan. Thanks!

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male/Female? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 1**

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| --- | --- | --- |
| Are you currently physically sedentary, meaning less than 30min of structured  Moderate intensity activity per day, on at least 3 days of  Each week? Yes No  Have you ever been told that you have a heart condition? Yes No  Do you know your Resting Heart Rate? Yes No  What is your RHR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RUNZONE.RUN   |  |  | | --- | --- | | C:\Users\User\Documents\MIKES DOCUMENTS\17.BUMPER STICKER\17.BUMPER STICKER.jpg   |  | | --- | | Do you ever have unexplained pains in your chest at rest or during  Physical exercise? Yes No  Do you consistently feel faint or suffer from spells  of dizziness? Yes No  Do you suffer from asthma and require medication? Yes No  Do you suffer from type I or II diabetes? Yes No  Do you suffer from any major muscle / joint conditions that may limit  You / be aggravated by physical activity / running? Yes No  Do you suffer from any other medical conditions that may be made worse by  Participating in physical activity / running?  Do you suffer from high blood pressure over 140/90 or low blood pressure  Below 100/80? Yes No  What is your blood pressure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Part 2**  Do you have a family history of heart disease?  (stroke, heart attack) Yes No  Have you been told that you have a high cholesterol? Yes No  Have you been told that you have high blood sugar? Yes No  RUNZONE.RUN  C:\Users\User\Documents\MIKES DOCUMENTS\17.BUMPER STICKER\17.BUMPER STICKER.jpg  Have you spent time in hospital for any medical condition / illness /  Injury during the last 12 months? Yes No  If **YES** to any of the above, please give details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you smoke? Yes No  If so how many cigarettes per day / week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you currently on any medication? Yes No  If **Yes** what is it and for what condition  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you pregnant or have you given birth in the  past 12 months? Yes No  If **YES** provide details on how many months and any related conditions  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is there any other reason you should not do physical activity?  Please specify if that be the case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RUNZONE.RUN  C:\Users\User\Documents\MIKES DOCUMENTS\17.BUMPER STICKER\17.BUMPER STICKER.jpg  **Disclaimer:**  **If you have answered No to all of the above questions and you are confident**  **that you have no other concerns with your health then you may proceed to participate in a Running programme / physical activity. If you have**  **answered Yes to any of the questions above or are unsure, please seek**  **a referral from your GP or allied health professional before**  **commencing with the running programme / physical activity.**  I believe to the best of my knowledge that all of the information I have  provided on this tool is accurate. In the case that my medical condition  changes over the course of my running training I will inform my online coach  and fill out a new exercise pre-screening questionnaire.  Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please complete this **screening sheet** as well as the **running survey** and  email back to me at [morgans@mweb.co.za](mailto:morgans@mweb.co.za)  **THANKS** | | |

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