

**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. 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 structuredModerate intensity activity per day, on at least 3 days ofEach week? Yes NoHave you ever been told that you have a heart condition? Yes No Do you know your Resting Heart Rate? Yes NoWhat is your RHR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RUNZONE.RUN

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| Do you ever have unexplained pains in your chest at rest or duringPhysical exercise? Yes NoDo you consistently feel faint or suffer from spells of dizziness? Yes NoDo you suffer from asthma and require medication? Yes NoDo you suffer from type I or II diabetes? Yes NoDo you suffer from any major muscle / joint conditions that may limitYou / be aggravated by physical activity / running? Yes NoDo you suffer from any other medical conditions that may be made worse byParticipating in physical activity / running?Do you suffer from high blood pressure over 140/90 or low blood pressureBelow 100/80? Yes NoWhat is your blood pressure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Part 2**Do you have a family history of heart disease? (stroke, heart attack) Yes NoHave you been told that you have a high cholesterol? Yes NoHave 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.jpgHave you spent time in hospital for any medical condition / illness /Injury during the last 12 months? Yes NoIf **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 NoIf **Yes** what is it and for what condition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you pregnant or have you given birth in the past 12 months? Yes NoIf **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**THANKS** |

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