Hardlopen met plezier

hs-hardlooptrainer.nl

Health questionnaire

For the lactate test | Complete on paper and bring to your appointment

Name: ..... Date of birth: .....

Test date: ..... Phone: .....

Read before booking

These questions help identify whether discussion is needed beforehand. This is not a medical examination or medical clearance. Choose an answer for every question; do not leave questions unanswered.

Questions 1-8: Yes or not sure? Contact the provider before booking. It must first be clear whether this exertion is appropriate. For known conditions, existing medical advice will be discussed.

No.	Question	Yes	No	Not sure
1	Do you experience chest pain, pressure or tightness during exercise?	[ ]	[ ]	[ ]
2	Have you fainted, nearly fainted or felt unexplained dizziness during or shortly after exercise?	[ ]	[ ]	[ ]
3	Do you have unexplained shortness of breath during light activity or at rest?	[ ]	[ ]	[ ]
4	Do you have unexplained palpitations or an irregular heartbeat, especially with dizziness, chest pain or shortness of breath?	[ ]	[ ]	[ ]
5	Do you have unexplained swollen ankles, or lower-leg pain/cramps during a short walk?	[ ]	[ ]	[ ]
6	Do you have cardiovascular disease, a heart rhythm disorder, a pacemaker/ICD, a known heart murmur, diabetes or kidney disease?	[ ]	[ ]	[ ]
7	Has a doctor advised you to limit or avoid physical exertion?	[ ]	[ ]	[ ]
8	Have you recently been much more tired, more easily out of breath or noticeably less able to exercise without a clear reason?	[ ]	[ ]	[ ]

Continue on page 2. Bring both pages.

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Questions 9-13: Yes or not sure? Contact the provider beforehand; this does not automatically mean you cannot participate. **Questions 14-15: Yes?** Discuss rescheduling. **Questions 16-17: No or not sure?** First discuss whether the test suits your current running experience.

No.	Question	Yes	No	Not sure
9	Do you have asthma, another lung condition or another condition that affects exercise?	[ ]	[ ]	[ ]
10	Has a parent, brother or sister died suddenly and without explanation before age 50, or is there an inherited heart condition in your family?	[ ]	[ ]	[ ]
11	Do you use blood thinners, have a clotting disorder or bleed for a long time after a small cut?	[ ]	[ ]	[ ]
12	Do you use medication? Please explain what you take and why in the notes below.	[ ]	[ ]	[ ]
13	Do you easily faint during blood sampling or at the sight of blood?	[ ]	[ ]	[ ]
14	Do you currently have a fever, an acute illness or feel clearly unwell?	[ ]	[ ]	[ ]
15	Do you currently have an injury or pain that changes how you run?	[ ]	[ ]	[ ]
16	Do you currently run regularly? Please note how often and for how long below.	[ ]	[ ]	[ ]
17	Can you currently run easily for about 30 minutes without walking breaks or symptoms?	[ ]	[ ]	[ ]

Notes (question number, medication, running experience)

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Declaration

I have answered truthfully and as fully as possible. I will report changes in health or medication before the test. I understand that the questionnaire is discussed before the start and that the test may be postponed. I consent to participation and blood sampling on the separate consent form.

Date: ..... Signature: .....

For acute serious symptoms such as persistent chest pain, severe shortness of breath or collapse, seek immediate medical help; call 112 in an emergency in the Netherlands.