

Lindenwood University
Exercise and Performance Nutrition Laboratory
General Eligibility/Screening Questionnaire

Contact Information

Name: _____

Cell Phone: (____) _____

Email Address: _____

General Information

Gender: _____ Age: _____ Height: _____ Weight: _____

1. Please provide the approximate number of hours, per week, that you actively participate in each of the following sports:

_____ Cycling _____ Running _____ Elliptical _____ Group Fitness

_____ Resistance Training _____ Other General Fitness Activities

_____ Team Sport (e.g. basketball, soccer, football, etc.) Activities

2. Are you currently trying to gain or lose weight YES NO
3. On average, how many meals per day do you consume? 1 2 3 4 5 6 >6
4. Do you consume meals in regular intervals? YES NO
5. Have you lost or gained 10 or more pounds in the past six (6) months? YES NO
6. Have you used anabolic androgenic steroids, "pro-hormone" supplements, or related precursors or salts within the past 12 months? YES NO
7. Are you currently consuming, or within the past 30 days have you consumed any nutritional products and/or dietary supplements listed below

Supplemental protein	YES	NO	Supplemental Carbohydrate	YES	NO
Creatine	YES	NO	Beta-Alanine	YES	NO
Amino acids	YES	NO	Glucose disposal agents	YES	NO
Caffeine	YES	NO	Thermogenics/fat burners	YES	NO
HMB	YES	NO	Glucosamine/chondroitin	YES	NO
Fish oils	YES	NO	Other _____	YES	NO

8. If you are accepted into this study, do you agree **NOT** to consume any additional nutritional products and/or dietary supplements that may confound the effects of this study and **NOT** participate in any supplemental physical exercise beyond the training involved within this study?

I agree

I do not agree

Exercise History/Activity Questionnaire

Please answer only what the question is asking and complete every question on this sheet prior to turning it back in. Thank you for your interest!

1. Do you currently resistance train using free weights or machines? YES NO
2. If yes, how many months have you consistently been resistance training? NOTE: If you have been resistance training for 3 years and 4 months, please enter 40 months.
_____ months
3. How many days per week do you resistance train? 1 2 3 4 5 6 7
4. How many times per week do you train your upper body? 1 2 3 4 5 6 7
5. Describe below what types of exercises you perform for each upper-body body part and how many sets you complete for each of those exercises?
6. How many times per week do you train your lower body? 1 2 3 4 5 6 7
7. Describe below what types of exercises you perform for each upper-body body part and how many sets you complete for each of those exercises?
8. Please list below any other forms of activity that you regularly engage in **AND** how often you engage in them. If your occupation involves a substantial amount of activity, please indicate that as well.

If you are accepted into this study, do you agree **NOT** to participate in any supplemental physical exercise beyond the training involved within this study or what research team members say you are allowed to complete?

YES NO