Study-Specific Eligibility Questionnaire

Study Title: The Effects of Unilateral Versus Bilateral Resistance Training on Lower-Limb Asymmetry, Dynamic Stability, and Strength in Adolescents

IRB Study Number: 2440555-1
Principal Investigator: Mckenna Smet, Concordia University Chicago
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Study Location: Elite Wellness Performance and Recovery

Participant Information

Participant Name: _____

Date of Birth: _____

Age: _____

Grade in School: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Date Completed: _____

Eligibility Questions
Please answer each question honestly by checking YES or NO.

QUESTION	YES	NO
1. Are you currently 13-18 years old?		
2. Are you currently medically cleared to participate in unrestricted physical activity, including resistance training?		
3. Have you participated in consistent, structured lower-body resistance training within the previous 8 weeks?		
4a. Are you currently participating in an in-season school-sponsored or club sport?		
4b. Do you anticipate beginning an in-season school-sponsored or club sport during the next 12 weeks?		
5. Do you currently have a lower-extremity injury involving the hip, knee, ankle, or foot?		
6. Have you had lower-extremity surgery in the past?		
7. Have you experienced a musculoskeletal injury to the hip, knee, or ankle within the previous 6 months that limited participation?		
8. Have you ever been diagnosed with a neurological, muscular, or connective tissue disorder?		

QUESTION	YES	NO
9. Do you have any medical condition that would limit participation in resistance training or high-impact exercise?		

If YES to Question 4b:

Sport: _____

Expected Start Date: _____

Expected Practices/Games per Week: _____

If you answered YES to any question above, please explain:

_____
_____
_____
_____

If needed, the study team may contact you for clarification regarding your responses.

Participant Declaration

I certify that the information provided above is accurate to the best of my knowledge.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

Eligibility Screening Notice
Information collected through this screening questionnaire will be used solely to determine eligibility for participation in this research study. Individuals who do not meet the study eligibility requirements will not be enrolled, and all identifiable screening information collected solely for eligibility determination will be immediately destroyed.