



## Personal Information

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

At Which number(s) may we contact you:  Home  Mobile  Work

Email Address: \_\_\_\_\_

What is the best time & way to reach you? \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Married:  Yes  No Children:  Yes  No Are you a USAT Member:  Yes  No

## Emergency Contact Information

Name of Contact: \_\_\_\_\_

Relation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please explain any "Yes" answers in the space below.

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised physical activity? Yes  No
2. Do you have chest pain brought on by physical activity? Yes  No
3. Have you developed chest pain within the last month? Yes  No
4. Do you ever lose consciousness or fall over as a result of dizziness? Yes  No
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Yes  No
6. Has a doctor ever recommended medication for high blood pressure or a heart condition? Yes  No
7. Are you aware, through your own experience or a doctor's advice, of any other physical reasons against your exercising without medical supervision? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Health History Questions

1. Do you have any metabolic diseases, controlled or uncontrolled?  
Examples are diabetes, hyperthyroidism, hypothyroidism, etc. Yes  No
2. Do you, or have you ever smoked regularly? Yes  No
3. Do you take any drugs or medications? Yes  No
4. Are you, or have you been, recently pregnant? Yes  No
5. Do you have or have you had high cholesterol? Yes  No
6. Have you had surgery in the past year? Yes  No
7. Have you had an injury that caused you to stop exercising for more than one week? Yes  No
8. Do you have or have you ever had an eating disorder? Yes  No
9. Are there any other physical or emotional problems that may affect your training? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## ATHLETIC HISTORY

1. Please list the sports and activities in which you have participated most often throughout your life. Include duration participated, how long ago, how competitive you were, and any other comments:

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2. List your best (or favorite) race results-events, times, place, conditions, etc.

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3. On average, how many miles or hours per week did you train in the past year?

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4. Have you ever done any strength/resistance training? Yes  No   
a. Do you think it helped your performance? Yes  No

5. Do you feel you have ever "over trained"? Yes  No   
a. If yes, please describe the type and amounts of training you were doing at the time.

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6. Do you have any chronic injuries from any sport or activity that may flare up or should be taken into consideration in developing your training plan?

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7. What do you feel are your strengths and weaknesses as an endurance athlete?

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## CURRENT FITNESS LEVEL INFORMATION

1. What is your waking pulse? beats per minute. \_\_\_\_\_  
a. Is this high or low for you? High Low Don't know

2. What do you feel is your current fitness level compared to your highest fitness level in the past 5 years (1=high, 5=low)

1  2  3  4  5

3. Describe your current training week. If you keep a training log, include a copy of last week:

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4. Is this .. more.... less.... the same... as a normal training week for you?

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5. Describe your longest single workout in the last three weeks:

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6. How many hours per week do you spend training now?

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7. Please list exactly when and how much time you have available for training.

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Comments: \_\_\_\_\_

8. How many days per week do you take off from training? \_\_\_\_\_

a. Ideally, how many days would you like to take off from training? \_\_\_\_\_

9. Are you currently recovering from any injury or illness? Explain:

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## EQUIPMENT AND OTHER INFORMATION

1. Do you own a heart rate monitor? Yes  No

a. If so, what brand and model? \_\_\_\_\_

2. What is the highest heart rate you have noticed while running? \_\_\_\_\_

a. During cycling? \_\_\_\_\_

b. During another sport? \_\_\_\_\_

3. Please check off the equipment & terrain that you own or have access to:

Triathlon Bike

Mountain Bike

Road Bike

Resistance Trainer

Roller Blades

Treadmill

Pool

Water Jog Vest

Nautilus Type Weights

Free Weights

Nordic Track

Rowing Ergometer

StairMaster/Stepper

Open Water

Steep, Short Hill

Longer, moderate grade hill

Bike Computer

list features:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Running Track

lap distance: \_\_\_\_\_

4. At the end of your first month, how will you judge if your training program is working?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. At the end of this season, how will you judge if this training program was successful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Why do you train and compete in endurance sports (be honest)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## RACING AND PERFORMANCE GOALS

List below all the events you plan on possibly competing in this year. *We understand this schedule is subject to change (in fact we may suggest you change it). Please notify us if this schedule does change. You probably won't need all the lines provided*

**HIGH PRIORITY EVENTS** - These are the most important events of the racing season to you. There should be only a few of these because we will design your training to taper and peak for them.

Date	Event	Distance(s)	Goal Time/Place
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MEDIUM PRIORITY EVENTS** - These events that you want to do well at, but are not the focus of your season. We may rest for these events, but usually they will be thought of as race pace “workouts” to sharpen up for the High Priority Events.

Date	Event	Distance(s)	Goal Time/Place
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LOW PRIORITY EVENTS** – These are the events of least importance to you. They are “fillers” to your season and you will most likely compete for fun and for a good workout. Do not include too many of these events, however, as they might detract from the focus of your season.

Date	Event	Distance(s)	Goal Time/Place
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your number one goal (be specific) of this season?

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