



The Athlete's Companion

Athlete's Questionnaire

You should always obtain approval from your doctor before embarking on a new exercise regimen.

*Name: _____ Male Female

*Age: _____ *Weight: _____ *Height: _____ Resting Heart Rate: _____

Primary sports: _____

*List three sport related goals that you'd like to achieve in the coming year:

*My primary interest is Recreational Weight-loss Exploration Nature/wildlife Hard workout

*I consider myself Novice Amateur Intermediate Advanced Professional

Where did you hear about AC? Brochure Fellow athlete Web site I'm Back!

I would most like to improve Endurance Speed Technique Strength Power The fun!

Health *Clients with existing health problems will be required to provide written consent from their doctor before training sessions commence.

*Do you have any existing health problems, handicaps, recent surgeries, injuries, asthma or allergies?

No Yes: _____

*Have you had any past injuries or illnesses which might impair your abilities in your selected sport?

No Yes: _____

*Are you currently taking any medications on a regular basis?

No Yes: _____

*Do you have any significant allergies?

No Yes: _____

*Notify in case of emergency (name and phone): _____

*Personal physician: _____

Do you typically train with a heart rate monitor? No Yes VO2Max: _____

Running

What surface do you prefer to train on? Road Track Trails Treadmill Grass

How long have you been running? _____

How often do you run? Not often 1-3 times a week Every day

What is your current weekly volume? _____ Do you maintain a log? No Yes

At what time of day do you normally run? _____

Is your work time flexible? No Yes

Do you have any running related injuries? No Yes: _____

Normal aerobic pace (mpm): _____ Threshold pace: _____ Running Shoe: _____

Do you perform any regular drills? No Yes: _____

Most recent best times: 5K _____ 5 Mile _____ 10K _____ Half-marathon _____

What does your typical training week look like? _____

Cycling/Mountain Biking *Appropriate cycling gear and a helmet are mandatory for participation in any Athlete's Companion sessions.

How long have you been riding a road bike? _____ ... mountain bike? _____

How often do you ride? Not often 1-3 times a week All the time

Do you perform any regular cycling drills? No Yes: _____

Pedal preference: Platform Toe clips Clipless

Swimming

Do you regularly participate in a swimming class? No Yes

Have you taken any swimming technique seminars? No Yes: _____

How often do you swim? Not often 1-3 times a week I'm a fish!

What is your preferred swimming environment? Saltwater Freshwater Pool Open water

Comments and other notes (please use reverse side if you need more space):

