



Fitness Plan Design Questionnaire

CONTACT DETAILS

Name

FIRST

LAST

Age

Email

Phone

Address

STREET ADDRESS

ADDRESS LINE 2

CITY

STATE / PROVINCE / REGION

ZIP / POSTAL CODE

COUNTRY

Date (please input date as mm/dd/yyyy)

LIFESTYLE

Describe your job.

Do you consider your job physically challenging or active?

How many hours per day do you spend in front of a computer?

On a scale of 1 to 10 (1 = no stress, 10 = a lot of stress), please rate the amount of stress in your career.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

On a scale of 1 to 10 (1 = no stress, 10 = a lot of stress), please rate the amount of stress in your personal life.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What time do you usually go to bed at night and wake up in the morning?

Are there any other notes about your lifestyle that you would like to share?

HEALTH HISTORY

If you answer "yes" to any of these questions, please provide details such as date of occurrence, frequency, intensity, amount, etc.

What is your age?

What is your height?

What is your weight?

Indicate any notes regarding weight or weight issues.

Do you suffer from back pain?

- ☐ Yes
☐ No

If yes, please give details.

Are you sensitive to touch/pressure in any area?

- ☐ Yes
☐ No

If yes, please give details.

Do you have tension, numbness or pain in a specific area?

- ☐ Yes
☐ No

If yes, please give details.

Do you experience frequent headaches?

- ☐ Yes
- ☐ No

If yes, please give details.

Are you pregnant?

- ☐ Yes
- ☐ No

If yes, please give details.

Have you ever given birth?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you have high blood pressure?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you have high cholesterol?

- ☐ Yes
- ☐ No

If yes, please give details.

Have you ever had surgery?

- ☐ Yes
- ☐ No

If yes, please give details.

Have you ever broken any bones?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you experience stiff, swollen or painful joints?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you have difficulty sleeping?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you experience fatigue or lack of energy?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you experience cold hands or feet?

- ☐ Yes
- ☐ No

If yes, please give details.

Have you ever been advised by a physician to avoid any type of exercise?

- ☐ Yes
- ☐ No

If yes, please give details.

Have you ever been knocked unconscious or suffered a concussion?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you or does someone in your family have a cardiac condition?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you have any known allergies?

- ☐ Yes
- ☐ No

If yes, please give details.

Are you currently taking any medications, not including nutritional supplements?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you smoke or have you smoked in the past?

- ☐ Yes
- ☐ No

If yes, please give details.

Do you have any medical issues that have not yet been discussed in this questionnaire?

- ☐ Yes
- ☐ No

If yes, please give details.

YOUR EXERCISE STATUS

Describe your current exercise routine, if any.

What is the heaviest you have weighed, and how old were you at that time?

What previous fat loss, lean muscle gain, or body improvement treatment(s) have you tried? Please state what and when.

Have you ever had any of the following: physical therapy, chiropractic, massage, acupuncture, Feldenkrais, rolfing, Alexander technique, Other? Please provide specifics.

Have you ever worked with a personal trainer? If so, provide details.

How many days do you have to commit towards exercise? Approximately how many minutes per day?

Are there any areas of your body that you consider “problem areas”? If so, which?

The following section is designed to give your coach an idea of your current and potential training frequency and volume. If your schedule changes from week to week, that's OK. The main focus of this part of the questionnaire is to let your coach know what your current training schedule looks like, and how much potential flexibility you have in your training days/hours. If you feel that you can articulate this information better in an e-mail or phone conversation, let your coach know and then feel free to leave these spaces blank. There will be an opportunity later in the questionnaire to describe your actual workouts.

Provide information for only the training components below that are relevant to your training goals.

Swim Skill (1 = low skill, 5 = high skill)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Describe your swimming history:

Current swim schedule:

Potential Days/Hours Available for Swimming:

Cycling Skill (1 = low skill, 5 = high skill)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Describe your cycling history:

Current cycling schedule:

Potential Days/Hours Available for Cycling:

Run Skill (1 = low skill, 5 = high skill)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Describe your running history:

Current run schedule:

Potential Days/Hours Available for Running:

Weights/Core/Flexibility Skill (1 = low skill, 5 = high skill)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Describe your weights/core/flexibility history:

Current weights/core/flexibility schedule:

Potential Days/Hours Available for Weightlifting/Core/Flexibility Training:

The following questions are designed to give your coach a better idea of how you train and what type of workouts you perform. Be as specific as possible. If you utilize a power meter, heart rate monitor or heart rate training zones, describe your intensities. You can also describe your intensities using a rating of perceived exertion (1=easy, 10=hard) or an adjective (easy, long, hard, fast, short, etc.). Remember to indicate if you currently utilize bricks or combined workouts.

Current Swim Protocol:

Current Bike Protocol:

Current Run Protocol:

Current Weights/Core/Flexibility Protocol:

Describe any other sports in which you currently participate:

The following questions will help your coach determine the equipment and gear you currently use or have access to for training.

Please describe your swimming training and racing gear, including wetsuit, goggle/mask, skinsuit, fins, pull buoy, cap, gloves, socks, elastic swimming bands, aqua belt, etc.

Please describe your cycling training and racing gear, including bike, components, wheels, tires, aerobars, shoes, orthotics, helmet, trainer/roller, etc.

Have you had a professional bike fit?

If so, where?

Please describe your running training and racing gear, including shoe type.

Do you use orthotics?

If yes, please describe.

Please describe any special electronic training equipment to which you currently have access (i.e. Garmin Forerunner, Polar HR Monitor, Computrainer, Powermeter, etc):

Please describe your weightlifting/core/flexibility gear, including free weights, bands, medicine balls, stability balls, and cross training equipment.

The following questions are designed to give your coach a clear idea of your training environment and access to areas for swimming, cycling, running, and other activities.

Please describe your access to pools and open water swim areas. Please include pool size, open water description (lake, river, ocean) and access limitations (yearround, weekdays only, etc.)

Please describe your biking environment, including information on your “favorite” courses near to your home or work, hill access description, areas to perform time trial tests, wind conditions, etc.

Please describe your running environment, including information on your “favorite” courses near to your home or work, hill access description, areas to perform time trial tests, track access, etc.

The following sections are designed to give your coach an idea of your skill limitations. Please choose the best possible answer. Your coach realizes that you may have multiple priorities or limitations, but choose an answer that is most relevant to you. If you would rather describe your limitations in your own words, please write in the space provided.

Swim:

- ☐ I find it difficult to finish the swim portion of a race.
- ☐ In choppy open water swims I lose more time than others in my race category.
- ☐ My swim technique is poor.
- ☐ My swimming gets slower as the race progresses.
- ☐ If I start the swim fast I start gasping for air and must slow down more than others in my race category.
- ☐ At the end of the swim portion I’m unable to speed up to catch those slightly ahead of me.
- ☐ Other:

Run:

- ☐ I usually find it difficult to finish long runs.
- ☐ I run up hills slower than most in my race category.
- ☐ I bounce up and down more than others when I run.
- ☐ My running gets slower as the race progresses.
- ☐ In shorter races, if I go anaerobic I'm forced to slow down.
- ☐ I almost never win a sprint to the finish line.
- ☐ Other:

Have you had a VO2 or blood lactate test? Please provide the results if available:

Do you currently complete field testing for lactate threshold, VO2 max, maximum heart rate, etc? If so please describe your field testing procedures and results:

Have you completed any additional tests, such as anaerobic power, resting metabolic rate, etc.? If so please describe the procedure and results, if available:

Describe any sports-specific injuries or illnesses you currently have (i.e., knee or shoulder pains, exercise induced asthma, tendinitis, bursitis, diabetes, etc). Be as specific as possible. Include any medications, supplements, or treatments you are currently utilizing to address the problem.

The following questions are designed to help your coach design your racing schedule, familiarize your coach with your desired races, and clearly outline your goals for this racing season. If you have already supplied your coach with a race resume or potential race schedule, you may skip all of this section UNLESS you still need to prioritize your races.

How many years have you competed in races?

Describe your history with sprint distance racing, including approximate number of races completed, race year, race name, any significant race results, etc.

Olympic:

Half-Iron:

Iron:

Other (Ultra, Adventure Racing, Marathon, etc.):

Please list every race that you plan to compete in this year. Prioritize your races as high priority (attempting to win, podium, set a PR, complete as a racing milestone, or crucial to your season's goals), medium priority (important race that requires a taper, but not crucial to your season's goals), or low priority (for fun only). Please include any notes (annual "tradition" race, had a DNF last year, must travel significantly to attend, etc.). Copy and include extra sheets if necessary.

Race:

Date:

Priority:

Notes:

Race:

Date:

Priority:

Notes:

Race:

Date:

Priority:

Notes:

Race:

Date:

Priority:

Notes:

Race:

Date:

Priority:

Notes:

FINAL SECTION! Describe what you truly desire from working with a coach. What do you want out of this season? Out of triathlon? Out of life? In other words, why are you sitting here, taking valuable minutes out of your life to complete this form? What are your goals? Be as honest and specific as possible, describing actual races, rankings, or outcomes you want to pursue. You may also use the following section to include any additional general notes for your coach. Include anything that you feel would be helpful that you haven't yet had a chance to express.