



Athlete Questionnaire

Personal Information

First Name:	Last Name:
Address:	
City:	Zip:
Home Phone:	Cell Phone:
What are the best times to reach you?	
At which number is it best to contact you?	
Fax:	E-mail:
Date of Birth:	Occupation:
Height:	Weight:
Gender:	Married?
Children's(?) name and ages:	
How did you hear about these coaching services?	

Health and Medical Information

Physician:	Phone:
Physician Address:	
Do you have, or have you had, any of the following? If yes, to any of the above please explain.	
Anemia _____	
Asthma _____	
Diabetes _____	
Heart Disease _____	
Heart Murmur _____	
Heart Surgery _____	
Hypertension _____	
Pulmonary Disease _____	
Stress Fracture _____	
Thyroid Problems _____	
Wheezing _____	
1) Do you have a family history of any of the following conditions? If yes, please explain.	
Heart Disease: _____	
Heart Attack: _____	
Hypertension: _____	

2) Are you under the care of a physician, chiropractor, or other health care professional for ANY reason? Explain.

3) Please list any medications taken on a regular basis (prescription/non-prescription). Note medication, dosage, frequency and reason.

4) Are you allergic to any medications/foods/other? If yes, please explain.

5) Please list any current illnesses, recent injuries, recent surgeries, or past medical problems or surgery of note.

6) Have you experienced a recent weight gain or weight loss? If yes, please elaborate.

7) Please describe your current stress level.

8) 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?

Coaching Expectations

1) Please describe what you are looking for from the Hammerhead Racing Team. <hr/> <hr/> <hr/>
2) What are your expectations of your coach? What kind of coaching leads you to your best results? <hr/> <hr/> <hr/>
3) What are 3 major goals for the next 12 months (not including races)? <hr/> <hr/> <hr/>
5) What races do you want to concentrate on? <hr/> <hr/> <hr/> <hr/> <hr/>

Time Commitment

1) How many hours per week do you go to work or school? What is your schedule? <hr/>
2) What is your typical time available to train each day? <hr/> <hr/>
3) On average, how many miles or hours per week did you train in the past year? <hr/> <hr/>

4) Have you ever done any strength / resistance training? Yes/No If so, do you think it helped your performance? If so, how?

5) Do you feel you have ever "overtrained"? If yes, please describe the type and amounts of training you were doing at the time.

6) What do you feel are your strengths and weakness as an endurance athlete?

7) What is your waking pulse? _____beats per minute. Is this high or low for you? If you don't know your waking pulse, please take your pulse right now.

8) Circle what 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

9) Describe your current training week. (If you keep a training log, include a copy of last week.) Is this more, less or the same type of training week for you?

10) Describe your longest single workout in the last three weeks:

11) How many hours per week do you spend training now?

12) How many days per week do you take off from training? _____ _____
13) Ideally, how many days would you like to take off from training? _____ _____

Past Experience

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. _____ _____ _____ _____
2) List your best (or favorite) race results- events, times, place, conditions, etc. _____ _____ _____ _____
3) When did you start swimming? _____
4) Where do you swim? _____
5) What days are you able to swim? _____
6) Do you have access to open water? If yes, where? _____
7) When did you start cycling? _____
8) How often do you ride? _____
9) What type/brand bike(s) do you own? _____

10) When did you start running? _____ _____																					
11) Do you belong to a running club? _____ _____																					
12) How far do you run each week? _____ _____																					
13) Do you have access to a track? _____ _____																					
14) Do you belong to a triathlon/multi-sport club? _____ _____																					
15) Do you own a heart rate monitor? If so, what brand and model? _____ _____																					
16) What is the highest heart rate you have noticed while running? _____ During cycling? _____ During another sport? _____																					
17) Please check off the equipment that you own or have access to: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Triathlon Bike</td> <td style="width: 33%;"><input type="checkbox"/> Mountain Bike</td> <td style="width: 33%;"><input type="checkbox"/> Road Bike</td> </tr> <tr> <td><input type="checkbox"/> Resistance Trainer</td> <td><input type="checkbox"/> Bike Computer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> RollerBlades</td> <td><input type="checkbox"/> Running Track (1 lap = _____)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Treadmill</td> <td><input type="checkbox"/> Pool</td> <td><input type="checkbox"/> Water Jog Vest</td> </tr> <tr> <td><input type="checkbox"/> Nautilus Type Weights</td> <td><input type="checkbox"/> Free Weights</td> <td><input type="checkbox"/> Nordic Track</td> </tr> <tr> <td><input type="checkbox"/> Rowing Ergometer</td> <td><input type="checkbox"/> Stairmaster / Stepper</td> <td><input type="checkbox"/> Open Water</td> </tr> <tr> <td><input type="checkbox"/> Steep, Short Hill</td> <td><input type="checkbox"/> Longer, moderate grade hill</td> <td></td> </tr> </table>	<input type="checkbox"/> Triathlon Bike	<input type="checkbox"/> Mountain Bike	<input type="checkbox"/> Road Bike	<input type="checkbox"/> Resistance Trainer	<input type="checkbox"/> Bike Computer		<input type="checkbox"/> RollerBlades	<input type="checkbox"/> Running Track (1 lap = _____)		<input type="checkbox"/> Treadmill	<input type="checkbox"/> Pool	<input type="checkbox"/> Water Jog Vest	<input type="checkbox"/> Nautilus Type Weights	<input type="checkbox"/> Free Weights	<input type="checkbox"/> Nordic Track	<input type="checkbox"/> Rowing Ergometer	<input type="checkbox"/> Stairmaster / Stepper	<input type="checkbox"/> Open Water	<input type="checkbox"/> Steep, Short Hill	<input type="checkbox"/> Longer, moderate grade hill	
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18) At the end of this month, how will you judge if your training program is working? _____ _____																					
19) At the end of this season, how will you judge if this training program was successful? _____ _____																					
20) Why do you train and compete in endurance sports (be honest)? _____ _____																					

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

Current Training

1) Describe your current average weekly training schedule.

2) Describe what your training has been like for the past 3 months.

3) Describe or give examples of your favorite types of workouts. (swim/bike/run)

4) Describe or give examples of your least favorite workout types. (swim/bike/run)

5) Are there any particular group workouts that you participate in?

5) Please note what days you will be able to train. Please mark 3 swims, 4 bikes, and 3 runs and one day completely off. If you have extra time for yoga and/or weights, please mark that as well.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Swim							
Bike							
Run							
Other							

6) Please note the longest amount of time and furthest distance you can:

Swim: _____

Bike: _____

Run: _____

7) Please make additional comments about your interests, family, priorities that should be known:
