

PERSONAL EVALUATION

Name: _____ Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax Number: (_____) _____ E-Mail Address: _____

At which number can we contact you? Home Work Both

What are the best times to reach you? _____

Birthdate: _____ Age: _____

Height: _____ Weight _____

Other personal information:

Occupation: _____ Hours per week: _____

Married? Yes No Children? Yes No

How did you hear about these coaching services? _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

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

- Yes No 1. Has a doctor ever said that you have a heart condition and recommend 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?

Explain: _____

Other Health History Questions:

- Yes No 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 any surgery in the past year?
- Yes No 7. Have you ever had an injury that caused you to stop exercising for more than one week?
- Yes No 8. Do you have or have you had an eating disorder?
- Yes No 9. Are there any other physical or emotional problems that may affect your training?

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.

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

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

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

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. 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?

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

CURRENT FITNESS LEVEL INFORMATION

1. What is your waking pulse? _____ beats per minute.

1a. Is this high or low for you? High Low Don't know

2. 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

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

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

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

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

7. Please list exactly when and how much time you have available for training (include morning and evening training available time if possible)

MON _____ TUES _____ WED _____ THURS _____

FRI _____ SAT _____ SUN _____

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

8a. Ideally, how many days would you like to take off from training? _____

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

EQUIPMENT AND OTHER INFORMATION

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

1a. If so, what brand and model? _____

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

2a. During cycling? _____ 2b. During another sport? _____

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

- | | | |
|--|---|---|
| <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 (list features: _____) | |
| <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 | |

4. At the end of this 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.

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 schedule to taper and peak for them.

<u>Date</u>	<u>Event</u>	<u>Distance(s)</u>	<u>Goal Time / Place</u>
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MEDIUM PRIORITY EVENTS- These are 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.

<u>Date</u>	<u>Event</u>	<u>Distance(s)</u>	<u>Goal Time / Place</u>
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LOW PRIORITY EVENTS- These are 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.

<u>Date</u>	<u>Event</u>	<u>Distance(s)</u>	<u>Goal Time / Place</u>
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S.M.A.R.T. GOALS

Is it Specific?

Is it Measurable?

Is it Agreeable? Is it your goal, under your control?

Is it Realistic? Is it too easy or too hard?

Is it Time limited? Is it achievable today, next week, next month...?

Season/Long Term Goal:

Define:

What will it take to achieve my goal?

Step 1:

Step 2:

Step 3:

Short term goals that will help me achieve my season/long term goal: These can be daily training goals and/or competition goals.

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