



TRITON MULTISPORTS

ATHLETE QUESTIONNAIRE

Please fill out the following information as thoroughly as possible. The more info you provide, the better we can assist you in achieving your goals.

Personal Information

Name _____
Address _____
Phone Number _____
E-Mail _____
Birth Date _____
Married Y N
Children Y N
Height _____ Weight _____

Please indicate Yes (Y) or No (N) if you have ever experienced any of the following conditions:

<input type="checkbox"/> Heart Cardiovascular disease	<input type="checkbox"/> Tendonitis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sprains/Strains
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Asthma	<input type="checkbox"/> Orthopedic Conditions (Knees, Shoulder,....)
<input type="checkbox"/> Allergies	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Digestive Disorders	<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Skin Conditions
<input type="checkbox"/> Clinical Depression	<input type="checkbox"/> Other
<input type="checkbox"/> Pregnant	

If you indicated "yes" for any of the above conditions, please elaborate here.

Are there any other conditions or previous injuries we should know about?

Are you currently taking any medications?

How many colds have you had in the past year? _____
When did you get them _____ How long did they last _____

Do you follow any particular dietary guidelines? _____

Do you eat at least three balanced meals per day? _____

Do you consume any caffeinated beverages regularly? _____

How much water do you consume each day? _____

How long do you usually wait after eating before working out? _____

Do you eat right before you go to bed each night regularly? _____

Do you use any nutritional supplements (protein powders, vitamins, energy bars, etc)?

Work Information

Occupation _____

How many hours each day do you work on average? _____ Days per week? _____

What are your working hours? _____ Do they ever change? _____

How far do you commute _____ Do you ever commute by bike? _____

Do you belong to a gym? _____ If so, which gym? _____

Are you able to workout during your lunch break? _____

Is there anything else we should know about your work schedule?

Training & Racing Information

Please write a brief summary of your athletic history (starting from your childhood)

How many years have you been a triathlete? _____

What made you interested in becoming a triathlete?

Approximately how many triathlons have you completed? _____

Please list the events (if any) that you participated in last year (include date and results)

How many hours did you train during a typical week this past year? _____

Was this amount challenging to you or was it limited by time you had available?

Did you ever take more than a week completely off from training in the past year? _____

How much sleep do you average per night? _____

Considering your other commitments (work, family, sleep, etc.), what is the maximum amount of time you feel comfortable dedicating to triathlon training per week? _____

Do you prefer to do your longest workouts on weekends, or do you have time during the week? _____

Which days are best for training?

Are you a part of any clubs in town where you can train with other athletes or friends?

During a long swim workout, how many yards/meters do you usually swim? _____
How long was your longest swim ever? _____

How long (either distance or time) is a long run for you? _____
How long was the longest run you've ever done in training? _____

If you have completed a multisport event before, which is your strongest event? _____
Which is your weakest? _____ Any particular reason why? _____

Do you strength train? _____ If yes, please explain the frequency, type, where, and give an example of your typical routine.

Do you stretch your muscles? _____ If so, how frequently? _____

Do you currently, or have you ever trained with a heart rate monitor? _____

Do you already have specific goals for the upcoming years/season? ____ If yes, please list them below.

What distance triathlons do you want to complete in this year (i.e. sprint, Olympic, half-iron, ironman)?

Do you have any upcoming events on your calendar (even tentatively)? _____ If so, please list them.

What else should we know about you in order to develop a training plan that will help you work towards your goals and get more enjoyment from the sport?