**ATHLETE QUESTIONNAIRE (Updated 1/13/2016)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print carefully)

Gender: \_\_\_\_\_Male \_\_\_\_\_Female Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_ Weight: \_\_\_\_\_\_ Age: \_\_\_\_\_\_ Current body fat (if known): \_\_\_\_\_\_\_\_\_

Tee Shirt Size: \_\_\_\_\_\_\_\_ (present, not desired)

How did you find us? (Referral, web search, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINING PROGRAM INFORMATION**

What Coaching Program are you interested in utilizing?

Single Sport (Cycling or Running Only):\_\_\_\_\_\_\_ Multisport:\_\_\_\_\_\_

Build: \_\_\_ Peak: \_\_\_ Peak +: \_\_\_ Compete: \_\_\_ Compete +: \_\_\_ Need Assistance:\_\_\_\_

3-Month Program: \_\_\_ 6-Month Program: \_\_\_ 9-Month Program: \_\_\_ 12-Month Program: \_\_\_

When would you like to begin your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in doing any one on one sport specific training with our coaches? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINING GOALS AND EXPECTATIONS**

If we sat down 3 years from now, what athletic, health, and fitness progress would need to be had in order to consider your training a success?

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What are 2-3 short term goals (3-6 month) that would put you on the path to achieving your long term success? Be realistic and think in terms of numbers instead of event goals (watts, pace, inches lost, etc).

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Do you already have events you have registered for (with dates if applicable)? Which one or two are your biggest priority?

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What are the potential or known roadblocks in your life that could prevent your success in achieving your goals?

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**PHYSICAL ACTIVITY HISTORY AND EQUIPMENT AVAILABILITY**

Sleeping habits (how long, how well): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Living arrangement (family/kids—anything that would have an effect on training, otherwise leave blank):

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Job and commute (stress level, how many days a week, how many hours at work, how long a drive— anything that would have an effect on training, otherwise leave blank):

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Please describe your training history (how many months or years, how consistent, what type of training, ie weight training, cardio, sports, etc):

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In the past three months, how often have you engaged in physical activity?

\_\_\_\_\_ 3 or more times a week \_\_\_\_\_2 times a week \_\_\_\_\_ Less than once a week

What's your current exercise regimen (how often, how long, what type of training and training split, how much cardio, any sports involved in, if any)?

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Do you train at a commercial gym or at home, or both?

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Please describe the equipment available to you. For instance: Power rack? Olympic lifting platform? Adjustable dumbbells or fixed? Cable station? Kettlebells? Medicine Balls? Stability Ball? What type of cardio equipment?

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Which days of the week are you able to train, and how much time per day? Which day(s) do you need off? Which are best for longer (2+ hrs) training days if applicable?

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Do you poses any monitoring devices such as a heart rate monitor, GPS, power meter, etc.?

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If you are a cyclist or triathlete, have you been properly fit on your bike? YES\_\_\_\_\_ NO\_\_\_\_\_

If you are a runner or triathlete, have you been fit in a proper running shoe? YES\_\_\_\_\_ NO\_\_\_\_\_

Please list any recent training or racing information (longest ride/run/swim last 4 weeks, highest volume week, etc) that will help us get an idea of your present fitness level.

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If your primary goal is fat loss or weight gain, would you be interested in having a consultation and/or plan done with our nutrition specialist?

Do you take any supplements and/or medications? If yes, which, how much, and how often?

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If you are a racer, do you currently take any medications or substances that are banned for in/out of competition? If yes, do you have a Therapeutic Use Exemption (TUE)?

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**MEDICAL INFORMATION**

Note: Our coaches are not medical professionals and are not able to give medical advice or determine medical conditions. Please see a doctor if you have medical questions, or prior to training if you're just beginning your exercise program or are over 40 years of age.

Do you have any injuries or physical limitations?

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**ADDITIONAL INFORMATION**

Is there anything else your trainer might need to know about you or your training circumstances in order to create an effective program for you?

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Once you have completed this questionnaire, please email it to [info@buildpeakcompete.com](mailto:info@buildpeakcompete.com) or directly to your coach. We look forward to helping you achieve your goals!