

# TRI YOUR LIMITS<sup>LTD</sup>

P.O. Box 124 • Emmaus, PA 18049 • phone: 610-791-3541 • email: info@triyourlimits.com

## ATHLETE QUESTIONNAIRE

Please fill out the following information as thoroughly as possible.

### Personal Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Age \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Please indicate if you have ever experienced any of the following health related conditions.

Heart/Cardiovascular Disease

Tendonitis

Cancer

Sprains/Strains

Diabetes

Broken Bones

Asthma

Allergies

Arthritis

Digestive Disorders

Chronic Fatigue

Sinus Problems

Skin Conditions

Other (please explain)

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

Are you or have you ever been a smoker?  Yes  No

Are you currently taking any medication(s)?  Yes  No

Do you follow any particular dietary guidelines (such as vegetarian, Atkins, etc.)?  Yes  No

Do you eat at least three balanced meals per day?  Yes  No

Do you consume any caffeinated beverages regularly?  Yes  No

How much water do you consume each day? Number of glasses \_\_\_\_\_

Do you use any nutritional supplements?  Yes  No

## Training and Racing Information

How many years have you been a triathlete? \_\_\_\_\_

Approximately how many triathlons have you completed? \_\_\_\_\_

How many hours do you train during a typical week? \_\_\_\_\_

On average how much sleep do you get per night? \_\_\_\_\_

Along with other commitments such as work and family, what is the maximum amount of time you feel comfortable dedicating to training? \_\_\_\_\_

Do you prefer to do your longest workouts on weekends? \_\_\_\_\_

What do you feel is your weakest of the three triathlon disciplines? \_\_\_\_\_

Please explain.

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Do you strength train?  Yes  No How often? \_\_\_\_\_

Do you stretch?  Yes  No How long? \_\_\_\_\_

Do you currently train with a heart rate monitor?  Yes  No

What, if any, events do you wish to train for?

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### Swim

How often per week do you swim? \_\_\_\_\_

What is the total yard/meter of an average swim workout? \_\_\_\_\_

What was your longest swim? \_\_\_\_\_

### Bike

How often per week do you bike? \_\_\_\_\_

What is the total mileage of an average ride? \_\_\_\_\_

What was your longest ride? \_\_\_\_\_

### Run

How often per week do you run? \_\_\_\_\_

What is the total mileage of an average run? \_\_\_\_\_

What was your longest run? \_\_\_\_\_

### Misc

Would you consider training by time versus mileage/yardage?  Yes  No