

TRI YOUR LIMITS LTD

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.

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?

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