



ATHLETE QUESTIONNAIRE

In order to create a personalized fitness program for you, please check what type of training plan and program length you would like. Once you have selected your desired training plan, please answer the following questions and be as specific as possible in your responses. Your responses will be kept strictly confidential. **Prices effective 10/8/19.**

- Complete your Athlete Questionnaire by either typing or neatly writing a response to each question.
- If you would like to pay via PayPal, email fit4youcoach@gmail.com and an invoice will be sent to you. Your prompt payment is appreciated. If you would like to pay via check, please make your check or money order payable to **Fit 4 You** and mail it to the address listed below.
- Send your completed Athlete Questionnaire to the address listed below. You may also email your completed Athlete Questionnaire to fit4youcoach@gmail.com. **If you send your responses via email, be sure to mail a signed copy of the Consent & Release form (last page) to Fit 4 You 35297 Balmoral Dr., Locust Grove, VA 22508**
- For questions, please call or text (540) 273-7055, or email fit4youcoach@gmail.com

RUNNING PROGRAMS

___ 8 weeks: \$250 ___ 12 weeks: \$350 ___ 16 weeks: \$450 ___ 20 weeks: \$500
___ 24 weeks: \$550 ___ 28 weeks: \$600 ___ 32 weeks: \$650 ___ 36 weeks: \$700

Race: _____

Race Distance: _____ Race Date: _____

TRIATHLON PROGRAMS

___ 8 weeks: \$400 ___ 12 weeks: \$500 ___ 16 weeks: \$600 ___ 20 weeks: \$650
___ 24 weeks: \$700 ___ 28 weeks: \$750 ___ 32 weeks: \$800 ___ 36 weeks: \$850

Race: _____

Race Distance: _____ Race Date: _____

Don't see the length program you need? Just contact us we will take care of you!

CONTACT INFO

Name	
Age	
Date of Birth	
Address	
Email	
Phone(s)	
Contact Preference (email, text, phone)	
Occupation	
Hours worked per week	
Height/Weight	
Body Fat (if known)	
Resting Heart Rate (if known)	

MEDICAL HISTORY

List medications you're taking (Including Rx, OTC & supplements)	
Any allergies? (If so, list)	
Do you suffer from/been treated for any of the following: (If yes, please elaborate)	
High or Low Blood Pressure	
Asthma	
Arthritis	
Diabetes	
Back/Joint Pain	
Heart Murmur	
Heart Attack	
Stroke	
Cancer	
Other	



Past Surgeries? (When, what)	
Past Injuries? (When, what)	
Treatment for Injuries?	
Do you have any pain now? What aggravates it?	
Any history of any medical issues during exercise?	
Current state of health?	
If you are not currently exercising, how long has it been since you have worked out regularly?	
If you are currently exercising, how long have you doing your current fitness routine on a consistent basis?	

EQUIPMENT/ACCESS – RUNNERS & TRIATHLETES

Do you own a GPS? (If so, brand?)	
Do you have access to a track? Gym?	
Do you have any equipment at home? (i.e, treadmill, weights, etc.)	
Do you own a Heart Rate Monitor? (If so, brand?)	

EQUIPMENT/ACCESS – TRIATHLETES

Do you own a Power Meter? (If so, brand?)	
Do you own a bike? (If so, road/tri/mountain; brand?)	
Do you own a trainer for your bike? (If so, what kind)	
Do you have aero bars on your bike?	
Do you use clipless pedals?	
Have you had a bike fit? (If so, when?)	
Length of pool (yards/meters)?	
Do you have fins, pull buoy or paddles?	
Do you have access to open water?	
Do you have a wetsuit?	



PSYCHOLOGICAL (1 – Poor; 2 – Fair; 3 – Good/Average; 4 – Very Good; 5 - Excellent

SKILL	RATING	COMMENTS
Confidence to complete A race		
Ability to follow training plan		
Ability to stay consistent in workouts over the course of training plan		
Ability to use self talk, mantras, visualization		
Ability to stay positive during tough training/racing sessions		
Ability to stay mentally tough/focused during tough training/racing sessions		
Ability to execute pacing during training/racing sessions		
Ability to execute nutrition/hydration strategies during training/racing sessions		
Ability to take recovery/rest days without guilt		

RUNNING HISTORY

Years running?	
Total weekly run mileage?	
Run frequency per week?	
Longest run (to date)?	
What do you think are your running strengths?	
What do you think are your running limiters?	
Able to pace yourself for long distance runs?	
Comfort level running hills? (1-not; 5-very)	



Comfort level at the track? (1-not; 5-very)	
Comfort level running trails? (1-not; 5-very)	

SWIMMING HISTORY (TRIATHLETES)

Years swimming?	
Total weekly swim mileage?	
Swim frequency per week?	
Longest swim (to date)?	
What do you think are your swimming strengths?	
What do you think are your swimming limiters?	
Able to pace yourself for long distance swims?	
Comfort level in pool? (1-not; 5-very)	
Comfort level in open water? (1-not; 5-very)	
Comfort level in wetsuit? (1-not; 5-very)	

BIKING HISTORY (TRIATHLETES)

Years biking?	
Total weekly bike mileage?	
Bike frequency per week?	
Longest bike (to date)?	
What do you think are your biking strengths?	
What do you think are your biking limiters?	
Able to pace yourself for long distance rides?	
Comfort level clipping in/out? (1-not; 5-very)	
Comfort level riding outside? (1-not; 5-very)	
Comfort level riding aero bars? (1-not; 5-very)	
Comfort level riding hills? (1-not; 5-very)	



Comfort level eating/drinking while riding? (1-not; 5-very)	
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EXERCISE AVAILABILITY – Maximum amount of time available for each discipline each day (Please note what day(s) works better for long workouts and which day(s) you need off)

	MON	TUES	WED	THURS	FRI	SAT	SUN
TOTAL TIME AVAILABLE							
SWIM							
BIKE							
RUN							
STRENGTH							
FLEXIBILITY							

CURRENT EXERCISE SCHEDULE (Include duration, mileage & intensity of each workout)

	MON	TUES	WED	THURS	FRI	SAT	SUN
TOTAL TIME							
SWIM							
BIKE							
RUN							
STRENGTH							
FLEXIBILITY							



RACE HISTORY & PR's

How many years have you been racing (running &/or tris)?	
Favorite distance to race?	
Longest distance raced?	
Run PR's (Include when/where/time): 5k 10k 13.1 26.2 50k 50 miler 100 miler	
Tri PR's (Include when/where/splits): Sprint Olympic 70.3 140.6	
If your PR was set a while ago, please indicate your current capabilities for each distance:	



GOALS

What are your goals with this training plan? BE AS SPECIFIC AS POSSIBLE.

Do you have a time goal for your race(s)? If so, please list. (Include A/B/C goals. A goal is perfect day/stretch goal; C goal is something you're happy with if the day doesn't go as planned; B goal is somewhere in between.)

What race(s)/event(s) do you want me to plan into your program in addition to your goal race? (List name, date, distance, priority level, are you already registered?)

MISC

Is there anything specific you want to address/work on with this training plan?

Is there any activity you don't want to do/aren't able to do with this training plan?

Do you have any vacation or other commitments that need to be taken into consideration?

Please list any additional comments or concerns, or anything you think would be helpful for me to know.

What are your favorite colors (to use on your Trello board)?

What is your top and sock size?

Triathletes: Which is your strongest discipline? Which is your weakest discipline?



CONSENT AND RELEASE

I desire to participate in a Fit 4 You fitness program and my choice to participate in a Fit 4 You fitness program is voluntary on my part. By making the choice to participate, I understand the risks involved in fitness activities and I understand and agree that I knowingly and voluntarily assume the risk of any injury or harm to me that may in any way result or arise from my participation in a Fit 4 You fitness program. I also understand and agree that neither Fit 4 You nor its affiliates or employees are or shall be responsible for any injury or harm to me.

I understand that I should not participate in a Fit 4 You fitness program unless I am medically able and have consulted with my physician. I further understand that the fitness guidance given by Fit 4 You is NOT intended in any way to be a substitute for professional medical advice and that I should refer any medical questions or concerns I may have to my physician or qualified healthcare provider.

Having read this waiver and knowing these facts, I agree to forever release, waive, discharge, and hold harmless Fit 4 You and its affiliates and employees from any and all claims, liability, or loss for bodily injury or harm, including death, arising out of my participation in a Fit 4 You fitness program, whether based on negligence or any other cause. Furthermore, I agree to allow Fit 4 You the right to use my name and likeness for advertising or promotional purposes without compensation.

I have read the above information and am willing to participate in a Fit 4 You fitness program.

Participant's Signature
(Parent or Guardian if Under 18)

Print Name

Date

