



## Smith Sports Training Questionnaire

Please complete all sections and email to Coach Ali. This will help her help you to achieve your athletic goals.

### **ATHLETE INFORMATION**

<b>Name:</b>	<b>Street Address:</b>
<b>Height:</b>	<b>City:</b>
<b>Weight:</b>	<b>State &amp; Zip:</b>
<b>Body Fat %:</b>	<b>Date of Birth:</b>
<b>Desired Weight:</b>	<b>Telephone:</b>
<b>Desired Body Fat %:</b>	<b>Email:</b>

### **WORKOUT PROFILE**

#### **Your STRENGTHS:**

- 1.
- 2.
- 3.

#### **Your WEAKNESSES:**

- 1.
- 2.
- 3.

#### **Your SHORT TERM GOALS:**

- 1.
- 2.
- 3.

#### **Your LONG TERM GOALS:**

- 1.
- 2.
- 3.

**PLANNED RACES**

<b>Race Name</b>	<b>Date</b>	<b>A/B/C Race</b>

**PERSONAL RECORDS**

<b>Run PR's</b>	<b>Season Best</b>	<b>PR with Date</b>
<b>1 Mile</b>		
<b>5K (5000m)</b>		
<b>10K</b>		
<b>½ Marathon</b>		
<b>Marathon</b>		

**TRAINING AVAILABILITY**

Please list the times you work out and what type of training (swim, bike, run, lift, cross train, etc) you typically do at that time.

	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>Morning</b>							
<b>Evening</b>							

**ADDITIONAL INFORMATION**

Do you have any other physical or recreational hobbies? Is your work strenuous?

Describe your history of injuries or any health related matters that may affect your ability to work out. Do you have any chronic injuries (bone or joint problems) that are aggravated by physical activity?

Has your doctor ever said you have a heart condition, high blood pressure or high cholesterol?

Describe your favorite running workout.

What is the longest run you have done in the past month?

Do you own a heart rate monitor? If yes, what type?

What weight training equipment do you have access to? List from the following: free weights (dumbbells and barbells), medicine balls, free motion cable machines, elastic tubing/bands, machines, riser/step/box, stability ball, bosu ball, bench, etc.

**PERSONAL RATING**

Please rate yourself on a scale of 1 to 10 in the following areas:  
(1 = poor – 10 = outstanding)

	<b>Rating</b>	<b>Additional Comments</b>
Endurance		
Speed		
Power		
Strength		
Motivation		
Pain Tolerance		
Commitment		
Flexibility		
Recovery		
Positive Attitude		

**OTHER**

Please list any other information that you feel is important for Coach Ali to know about you at this time.