



Smith Sports Athlete Questionnaire

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

ATHLETE INFORMATION

Name:	Street Address:
Height:	City:
Weight:	State & Zip:
Body Fat %:	Date of Birth:
Desired Weight:	Telephone:
Desired Body Fat %:	Email:

ATHLETE 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

Race Name	Date	A/B/C Race

TRAINING SCHEDULE

Please describe your typical training week.

	Last Year	Currently
HOURS or MILES (average week)		
WEIGHT TRAINING (None, casual, serious, etc) How many times/wk?		
STRUCTURED INTERVALS (Sprints, hills, time trials, intervals, etc)		
NUMBER RACES		

PERSONAL RECORDS

Run PR's	Season Best	PR with Date
1 Mile		
5K		
10K		
½ Marathon		
Marathon		

BIKE PR's	Season Best	PR with Date
10 Miles		
20K		
40K		

SWIM PR's	Season Best	PR with Date
100 yd		
1.5K		
2.4 miles		

TRAINING AVAILABILITY

Please list the typical hours you will be available to train and what type of training (swim, bike, run, lift, etc) fits best at that time.

	MON	TUES	WED	THUR	FRI	SAT	SUN
Morning							
Evening							

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 train at strenuous levels. Do you have chronic injuries that your training may have to be planned around?

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

Do you wear orthotics in your cycling shoes or wedges under your cleats? Describe.

Describe your favorite cycling workout.

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

Describe your favorite running workout.

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

Describe your favorite swimming workout.

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

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

Do you own a power meter? If yes, what type?

Do you have short, steep hills (1-2 min in riding time) where you train?

Do you have long hills (5+ min in riding time) where you train?

Do you have an uninterrupted flat section of road 3 miles in length?

Do you swim with a group?

Do you have access to an indoor trainer?

Do you have access to a treadmill?

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, kettle bell, TRX, etc.

PERSONAL RATING

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

	Rating	Additional Comments
Endurance		
Speed		
Power		
Strength		
Motivation		
Pain Tolerance		
Commitment		
Flexibility		
Core Strength		
Recovery		
Positive Attitude		

OTHER

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