



CLIENT START-UP INITIAL QUESTIONNAIRE

(All data collected will be kept strictly confidential)

CONTACT INFORMATION

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

FAX: _____

E-mail: _____

Cell Phone: _____

PHYSIOLOGICAL INFORMATION

Height: _____ Weight: _____

Resting Heart Rate: _____

Lactate Threshold Heart Rate: _____

Lactate Threshold Power: _____

5K Pace (if applicable): _____

Most Recent Testing: _____

Type	Result	Date
_____	_____	_____

TRAINING INFORMATION

Number of years training: _____

Training accomplishments: _____



CARDIOVASCULAR TRAINING

Favorite Types of cardiovascular training: _____

Least liked types of cardiovascular training: _____

STRENGTH TRAINING

Favorite types of strength training: _____

Least liked types of strength training: _____

Please include the details of your current or typical weight lifting routine.

<i>Exercise Name</i>	<i>Sets</i>	<i>Reps</i>	<i>Notes</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



FLEXIBILITY TRAINING

How frequently do you stretch? _____

What types of stretching do you do? _____

OTHER ACTIVITIES

What types of cross training do you do?

What other hobbies do you have?

Other sports:

TRAINING DEVICES (Answer where applicable)

What type of heart-rate monitor do you use? _____

Are you able to download your heart-rate monitor information? Yes _____ No _____

What type of Power Meter do you use? _____

Do you use Cycling Peaks Software? Yes _____ No _____



TRAINING DEVICES (Con't)

What kind of Computrainer do you use? _____

What kind of GPS device do you use? _____

What other training devices do you utilize? _____

TRAINING EQUIPMENT

SHOES:

Type	Brand	Size
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_____	_____	_____
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BIKES:

Type	Brand	Size	Crank length
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_____	_____	_____	_____
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OTHER EQUIPMENT

Please list any other training equipment you use and relevant info below



MEDICAL HISTORY

Please list any current or past health issues, injuries or illnesses below.

Injury, Illness or Surgery/Type & Brief Description	Date
_____	_____
_____	_____
_____	_____
_____	_____

MEDICATIONS

Type	Dosage & Frequency
_____	_____
_____	_____
_____	_____

SUPPLEMENTS

Type	Dosage & Frequency
_____	_____
_____	_____
_____	_____

SCHEDULING

ANNUAL RACING & EVENTS CALENDAR WORKSHEET

Please use the accompanying schedule to list anything that I should be aware of on a daily or weekly basis when planning your training. You may also update it no less frequently than monthly, or better yet, quarterly.



The level of detail asked for in this document are extremely pertinent, as the less time we spend on a weekly basis discussing your schedule, the more time we can spend on coaching when we connect.

WEEKLY & MONTHLY PERSONAL SCHEDULE UPDATES

It is ideal that any changes to the schedule be made on the above worksheet and provided to me to replace the original with the current one so that I always have the most up to date information when it comes to building your training program.

WORK SCHEDULE (Please be specific)

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

CURRENT TRAINING REGIMEN

Please include your current training schedule. This includes group rides, training races, yoga, spinning classes and anything that your coach should be aware of in planning your training schedule.

Day	Activities	Duration
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____



ADDITIONAL QUESTIONS

Please list any additional time constraints that affect your daily & weekly schedule.

Do you have any set philosophy towards training, or do you just do whatever is the latest fad on training? If so, what is it?

Are you coming into this with an open mind and a willingness to try doing things differently than the way you are used them in the past?

Are you willing to vary your training schedule or are you dead set on doing particular rides and/or workouts from week to week, year in and year out?

Are you able to take constructive criticism and honestly communicate your thoughts and feelings?



Are you willing to communicate regularly via phone and e-mail, update your training logs, provide necessary information and complete written exercises in a timely manner?

GOING A LITTLE DEEPER

What would you most like to accomplish in your training and racing?

What would you most like to get out of being coached?

Where do you see yourself one year from now in life & in sport?



Where do you see yourself five years from now in life & in sport?

If you could have live absolute heart's desire in life and in sport, what would it be?

Please use this section to leave comments on anything that you would like to see your coach do or cover. Include ideas for me to be the best coach that I can be.

ASSETS & LIMITERS

Knowing and being honest about your assets and limiters is an important part of the transformation process. It is difficult to improve unless we know what we need to be work on. In turn, it is difficult to perform optimally if we are not sure of our strengths.

We will likely find out much more about what your true assets and current limiters through the process, it is an important part of the process to take a moment to identify what you find to be your personal assets and limiters.



Please list what you believe are your assets and limiters below.

ASSETS

LIMITERS

GOAL SETTING

In the process of our working together, we will spend a considerable amount of time in the area of goal setting. However, it would be beneficial for us both for you to list the initial goals you would like to achieve this year. Just stating a goal that is real for you and truly reflects your beliefs puts you on the path to achieving it.

Please take time to think about what you really want to accomplish this year in training. Recognize that there will be obstacles, but don't let them hold you back from stating what it is you want, no matter how much of a dream it might seem today. We will revisit them frequently and develop them further as we work together.

Sport/Athletic Performance Goals

Personal/Life Goals



WELCOME ABOARD!

Thank you for taking the time to fill this out completely. This is an important step in the process of taking your training and your life to the next level. This is an investment in yourself that will play a huge part in guiding you this process. I appreciate your business as it is truly an honor to have the opportunity to work with you.

Sincerely,

Patrick Sansbury
Pinnacle Coaching Services