

Athlete Information

Name:

Age:

Phone:

Email:

Weight:

Height:

Marital Status:

Kids:

Work Stress Level (Scale of 1 – 10 with 1 Low, 10 High):

Hours trained in an average week:

Hours slept in an average week:

Goals

- What are your immediate goals?

- What are your future goals?

General Training Week

Fill out the excel form with what you do in a typical month.

Training Philosophy

- If you periodize your training, how so?

- What, if any, is your procedure for increasing load?

- What, if any, is your recovery plan?

- Do you concentrate on one sport more than another? If so, why?

- Do you train with miles or with time?

- Do you use a heart rate monitor or power meter and if so, how?

Strengths and Weaknesses

On a scale of 1 -5 with 5 being excellent, 1 being poor, how do you rate yourself in each sport:

Swim –
Bike –
Run -

Nutrition

Do you have a nutrition philosophy? If so, what is it?

Weights

Do you do weights and if so:

- What is the typical program you follow?
- How often do you do weights?
- Do you use a personal trainer?

Results

Include 5 results that are related to the analysis and achievement of your goal.