

Desert Sky Adventures  
Athlete Questionnaire

Date:

Name:

Street Address:

City:

State:

Zip Code:

Cell Phone:

Email Address:

Occupation:

Typical work schedule:

Marital status:

Kids:

Birthdate:

Age:

Sex:

Height:

Weight:

Body Fat %:

Resting heart rate:

Maximum heart rate:

Current medications:

Current state of health: (If currently sick or injured, describe difficulty and the date of onset)

Health Risks (i.e. family history, chronic disease, etc):

Any recent running injuries:

How long have you been running?

Previous exercise or competitive history:

Running interests

Fitness and fun

Recreational or social racing

Racing for improved performance

Racing for age group or other awards

Recent racing experience (List races in the last 6 months)

Distance	Time	Date
----------	------	------

Personal bests (List your best racing performance)

Distance	Time	Date
----------	------	------

Racing Goals (Future races)

Race/Distance	Goal Time	Date
---------------	-----------	------

Describe any recent problems with racing or training:

Why are you seeking personal coaching?

Do you have any past experience with personal coaching?

Describe your most recent 4 to 6 weeks of training in detail. List the miles or time spent running, your pace, the surface or terrain (track, road, trail, etc), and any additional training (resistance, stretching, cross-training, yoga, etc).

In order to help us plan an athletic/fitness program for you it is necessary to evaluate some of your health and lifestyle history. It is also important for us to know your current state of fitness. Please answer all questions to the best of your ability. The information gathered will be used in your evaluation and program planning. All gathered information will be kept strictly confidential.