

Athletic History Record

Name_	Date												
1.	Are you currently an active runner, duathlete, or triathlete?YESNO (If YES, Go to question If NO, are you presently engaged in regular physical activity?YESNO a. If yes, please outline type of activity.												
	b.	. Frequency (times per week)?											
	c.	How long have you been engaged in this activity?											
	d.	Please go to Question #7.											
2.	Numbe	er of years experience in running/duathlon/triathlon.											
3.	Average training volume in each discipline over the last three months:												
	a.	a. Swim (avg weekly yardage/time over last 3 months):											
	b.	Bike (avg weekly mileage/time over last 3 months):											
	c.	Run (avg weekly hours over last 3 months):											
4.	Longest swim/bike/run in the last 3 months? 12 months? (In hours/minutes)												
	a.	Swim	In last 3mo?	12mo?									
	b.	Bike	In last 3mo?	12mo?									
	c.	Run	In last 3mo?	12mo?									
5.	Please list your best race times with splits, if possible, for the following:												
	a.	5K run											
	b.	10K run											
	c.	½ marathon ru	ın										
	d.	marathon run											
	e.	sprint distance	duathlon/triathlon										
	f. Olympic distance duathlon/triathlon												
	g.	g. ½ Ironman distance duathlon/triathlon											
	h.	Ironman distance duathlon/triathlon											

6.	Are yo	u <i>currentl</i>	v engaged ir	n a strength-tr	raining program?							
	a.	If yes, h	ow many tir	nes per week?	?							
 Have you planned the races you will compete in this season? Please list with dates and pri- races being the most important, "B" races being somewhat important, and "C" races being important). 												
8.	What a	are your th	nree most in	nportant goals	for this season?							
	a.											
	b.											
	C.											
9.	9. How many weekly hours do you have available to train? Be realistic.											
10.	. What o	days do yo	ou have the	most time ava	nilable for training?							
11.	. What o	days do yo	ou have the	least time ava	ilable for training?							
12.	. What i	is your cur	rent training	g week like no	w?							
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun				
SWIM												
BIKE												
RUN												
WEIGH	ITS											
13.	. Do you	u have a s	tationary bik	ke trainer?								
14.	. Do you	u have a h	eart rate mo	onitor?								
Signatu	ıre					Date						