



ATHLETE QUESTIONNAIRE

Contact Information	
Name	
Address	
Email	
Mobile Phone	
Twitter / Instagram Handle	
Contact Preference (email, phone, text)	
Emergency Contact (name, email, phone)	

Medical History	
DOB	
Gender	
Height	
Weight	
Is this your normal weight?	
Resting Heart Rate	
Resting Blood Pressure	
Conditions/Chronic diseases	Have you ever had any of the following:
	<input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Back/joint pain <input type="checkbox"/> Kidney Infection <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Glandular Fever <input type="checkbox"/> Heart disease <input type="checkbox"/> Head injury <input type="checkbox"/> Angina / chest pain <input type="checkbox"/> Other - please specify



Medical History

Cardiovascular	Are you suffering from a heart Condition (heart attack, angina, irregular beat, hole in heart etc.)?	Yes	No
	Do you feel pain in the chest when performing physical activity?	Yes	No
	Do you suffer from high or low Blood Pressure?	Yes	No
	Are you taking medication to control your blood pressure or a heart condition?	Yes	No
	Do you have a back or joint problem that could be made worse through physical activity?	Yes	No
	Do you knowingly suffer from Diabetes?	Yes	No
	Do you suffer from respiratory illness (asthma, bronchitis, emphysema) or have shortness of breath with mild exertion?	Yes	No
	Are you under medical treatment for any illness?	Yes	No
	For Ladies Only: Are you pregnant (or have you had a child in the last 3 months)?	Yes	No
	How many months pregnant / post-birth are you?		
Surgeries			
Medications			
Allergies			



Injuries (bones, joints, muscle) and/or surgeries	
Treatment for injuries	
What aggravates injuries	
Any (safety) issue that would affect training program?	
History of medical issues during exercise	

Lifestyle	
Work	
Family	
Hobbies	
Travel	
Amount of vacation/Time off	
Number of hours/week exercising	
Preferred Time of Day exercising	
Access to pools/water	
Access to biking (outdoor/indoor)	
Access to running (outdoor/indoor)	



Current Exercise Schedule							
	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Time Spent							
Swim							
Bike							
Run							
Weights							

Availability							
	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Time Available							
Swim							
Bike							
Run							
Weights							



Dietary	
Number meals/day	
Calorie intake (if known)	
Modified diet/restrictions	
Food preferences	
Dietary supplements (vitamins, herbs, minerals, protein, replacements)	

Psychological [1 = Poor 2 = Fair 3 = Good 4 = Very Good 5= Excellent]						
	1	2	3	4	5	comment
Self-awareness						
Level of confidence to complete the A race						
Ability to set goals and target						
Ability to follow through with goals						
Use of visualization/imagery to prepare for a race						
Use of self-talk/thought control						
Ability to pay attention/focus under stress						
Ability to endure peak sensation						
Ability to excel under pressure						
Ability to make decisions under stress						
Consistency						
Ability to take recovery days without guilt						



Triathlon History	
Date 1 st triathlon completed	
Number of triathlons completed	
Longest distance completed - what - total time - splits	
Other endurance events	
Qualifications/Honors	
Goals	

Athletic History (other than triathlons)	
Other endurance events	What: When: Time/Ranking: What: When: Time/Ranking: What: When: Time/Ranking: What: When: Time/Ranking:
Other types of exercise/ physical activities	
Type of organized sports (current)	
Types of organized sports (past)	



Triathlon and Other events for season	
Priority	Race
	Race Name: Race Date: Race Distance:
	Race Name: Race Date: Race Distance:
	Race Name: Race Date: Race Distance:
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	Race Name: Race Date: Race Distance:



Swimming	
Years swimming?	
Total weekly distance	
Weekly frequency	
Longest swim (to date)	
Organized program?	
Planned workouts?	
Swim capability	
What do you think are your limiters?	
What do you think are your strengths?	
What equipment do you own?	
Access to pool/water	

Biking	
Years biking?	
Total weekly distance	
Weekly frequency	
Longest bike (to date)	
Organized program? Racing club?	
Planned workouts?	
Bike capability (time/distances)	
What do you think are your limiters?	
What do you think are your strengths?	
What equipment do you own?	
Access to riding (indoor, outdoor)	
Do you ride in a group?	



Running	
Years running?	
Total weekly distance	
Weekly frequency	
Longest run (to date)	
Organized program? Racing club?	
Planned workouts?	
Run capability (time/distances)	
What do you think are your limiters?	
What do you think are your strengths?	
What equipment do you own?	
Access to running (outside, inside)	



Strength and Conditioning	
Describe your current strength and conditioning program (include organized classes, frequency and duration).	
Which of the following types of equipment do you have access to?	<input type="checkbox"/> Weight machines
	<input type="checkbox"/> Free weights (dumbbells and barbells)
	<input type="checkbox"/> Cable machines
	<input type="checkbox"/> Elastic resistance (rubber tubing and bands)
	<input type="checkbox"/> Medicine balls
	<input type="checkbox"/> Kettle bells
	<input type="checkbox"/> Suspension trainers
	<input type="checkbox"/> Stability balls (including half-dome)
Does your occupation require extended periods of sitting?	
Does your occupation require extended periods of repetitive movements? (If yes, please explain)	
Does your occupation require you to wear shoes with a heel (dress shoes)?	



DATA PRIVACY

We care about our athletes a great deal and are deeply committed to protecting their privacy and respecting their data.

To comply with the GDPR rules on protecting your data, please read the below information and indicate your consent by signing and dating.

We will not be able to coach you if you do not consent to the basic handling your data!

Your athlete questionnaire and personal data will be stored electronically on a password protected device. Your data will only be viewed by your Podium Addict Coaches.

Your daily training data and metrics will be uploaded by you to Training Peaks. We assume that you have read and agreed to the Training Peaks privacy policy and terms of service. Any data held within Training Peaks is the responsibility of Training Peaks alone and not of Podium Addict Coaching.

Information and photos uploaded or posted to social media tagging @podiumaddict or #podiumaddict or similar will be shared amongst our followers and on our website.

We will never share your fitness testing results and progress unless you have explicitly given us permission to do so.

We may however share your improvements without identifying you – keeping you, the athlete anonymous. For example; “We are excited to see one of our athletes increase their power by 25 watts following this weeks’ fitness testing”

We may include your data when producing statistics showing the performance of Podium Addict Athletes over time, this information will be general and anonymous.

If you have any questions concerning your data please contact your Podium Addict Coach.

Please sign and date to indicate your acceptance:

Signed:

Print Name:

Date: