

TRIATHLETE QUESTIONNAIRE

Dear Athlete,

Congratulations on choosing Greenfield Fitness Systems to design and oversee your training program!

The triathlete questionnaire is one of the most important forms you will share with your coach, and will allow thorough development of a personalized training program. Plan on taking 45-60 minutes to complete the form, and do not hesitate to contact your coach if there is additional information you wish to share.

After completing, you can do any of the following

- A) print, scan and e-mail to support@greenfieldfitnesssystems.com
- B) complete the form online, save and e-mail $\dagger \circ$

support@greenfieldfitnesssystems.com

C) print and mail to Ben Greenfield, 8515 N Argonne Road, Spokane WA 99217

Name:		
		Secondary e-mail address:
Primary phone:	Secon	dary phone:
Mailing address:		
Use the Following Scale to Se one):	elf-Rate Y	our Current Skill Level in each Sport (circle
1=completely inexperienced 2=basic knowledge 3=average 4=above average 5=expert	i	
Swim Skill: 1 2 3 4 5		
Describe your swim history:		
Bike Skill: 1 2 3 4 5		
Describe your cycling history	:	
Run Skill: 1 2 3 4 5		
Describe your running history	:	

The following fields are designed to give your coach an idea of your current and potential training frequency and volume. If your schedule changes from week to

week, that's OK. The main focus of this part of the questionnaire is to let your coach know what your current training schedule looks like, and how much potential flexibility you have in your training days/hours. If you feel that you can articulate this information better in an e-mail or phone conversation, let your coach know and then feel free to leave these spaces blank. There will be an opportunity later in the questionnaire to describe your actual workouts.

Current Swim Schedule:
Potential Days/Hours Available for Swimming:
Current Bike Schedule:
Potential Days/Hours Available for Cycling:
Current Run Schedule:
Potential Days/Hours Available for Running:

Current Weights/Core/Flexibility Schedule:

Potential Days/Hours Available for Weightlifting/Core Training/Flexibility:
The following questions are designed to give your coach a better idea of how you train and what type of workouts you perform. Be as specific as possible. If you utilize a power meter, heart rate monitor or heart rate training zones, describe your intensities. You can also describe your intensities using a rating of perceived exertion (1=easy, 10=hard) or an adjective (easy, long, hard, fast, short, etc.). Remember to indicate if you currently utilize bricks or combined workouts.
Current Swim Protocol:
Current Bike Protocol:
Current Run Protocol:

Current Weigh	ts/Core/Flexibility Protocol:
Describe any c	other sports in which you currently participate:
_	juestions will help your coach determine the equipment and goese or have access to for training.
you currently un Please describ goggle/mask,	e your swimming training and racing gear, including wetsuit, skinsuit, fins, pull buoy, cap, gloves, socks, elastic swimming
/ou currently u Please describ goggle/mask,	e your swimming training and racing gear, including wetsuit, skinsuit, fins, pull buoy, cap, gloves, socks, elastic swimming
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Have you had a professional bike fit? Yes No If so, where?
Please describe your running training and racing gear, including shoe type.
Do you use orthotics? Yes No If so, please describe.
Please describe any special electronic training equipment to which you currently have access (i.e. Garmin Forerunner, Polar HR Monitor, Computraine Powermeter, etc):
Please describe your weightlifting/core/flexibility gear, including free weights, bands, medicine balls, stability balls, and cross training equipment

training environment and access to areas for swimming, cycling, running, and other activities.		
Please describe your access to pools and open water swim areas. Please include pool size, open water description (lake, river, ocean) and access limitations (year-round, weekdays only, etc.)		
Please describe your biking environment, including information on your "favorite" courses near to your home or work, hill access description, areas to perform time trial tests, wind conditions, etc.		
Please describe your running environment, including information on your "favorite" courses near to your home or work, hill access description, areas to perform time trial tests, track access, etc.		

The following sections are designed to give your coach an idea of your skill limitations. Please choose the *best possible answer*. Your coach realizes that

you may have multiple priorities or limitations, but choose an answer that is most relevant to you. If you would rather describe your limitations in your own words, please write in the space provided.

Swim:
 I find it difficult to finish the swim portion of a race. In choppy open water swims I lose more time than others in my race category.
☐ My swim technique is poor.
 My swimming gets slower as the race progresses. If I start the swim fast I start gasping for air and must slow down more than
others in my
race category.
☐ At the end of the swim portion I'm unable to speed up to catch those slightly
ahead of me. □ Other:
Bike:
☐ Just finishing the bike leg of a race is difficult for me.
□ I am passed by lots of other triathletes on hills.
☐ I'm a masherI push big gears slowly.
Even on flat courses my bike speed decreases near the end.
☐ As the bike portion of a race gets shorter I do worse relative to those in my category.
☐ In short races, I struggle to get over short power hills.
□ Other:
Run:
□ I usually find it difficult to finish long runs.
I run up hills slower than most in my race category.I bounce up and down more than others when I run.
 My running gets slower as the race progresses.
☐ In shorter races, if I go anaerobic I'm forced to slow down.
I almost never win a sprint to the finish line.Other:

Have you had a VO2 or blood lactate test? Please provide the results if available:
Do you currently complete field testing for lactate threshold, VO2 max, maximum heart rate, etc? If so please describe your field testing procedures and results:
Have you completed any additional tests, such as anaerobic power, resting metabolic rate, etc.? Is so please describe the procedure and results, if available:
What is your height? Weight? (indicate any disparities between training and racing weight, and if you are attempting to "lose pounds"):
Describe any sport-specific injuries or illnesses you currently have (i.e., knee or shoulder pains, exercise induced asthma, tendinitis, bursitis, diabetes, etc). Be as specific as possible. Include any medications, supplements, or treatments you are currently utilizing to address the problem.

The following questions are designed to help your coach design your racing schedule, familiarize your coach with your desired races, and clearly outline your goals for this racing season. If you have already supplied your coach with race resume or potential race schedule, you may skip all of this section UNLESS you still need to prioritize your races.
How many years have you competed in races?
Describe your history with sprint distance racing, including approximate number
of races completed, race year, race name, any significant race results, etc.
Olympic:

Half-Iron:
Iron:
Other (Ultra, Adventure Racing, Marathon, etc.):

Please list every race that you plan to compete in this year. Prioritize your races as high priority (attempting to win, podium, set a PR, complete as a racing milestone, or crucial to your season's goals), medium priority (important race that requires a taper, but not crucial to your season's goals), or low priority (for fun only). Please include any notes (annual "tradition" race, had a DNF

last year, must travel significantly to attend, etc.). Copy and include extra sheets if necessary. Race: _____ Date: ____ Priority: _____ Notes: Race: _____ Date: ____ Priority: _____ Notes: Race: Date: Priority: Notes: Race: Date: Priority: Notes: Race: _____ Date: ____ Priority: _____ Notes: Race: _____ Date: ____ Priority: _____ Notes: Race: _____ Date: ____ Priority: _____ Notes: Race: ____ Priority: _____ Notes:

Race: _____ Date: ____ Priority: _____

Notes:

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NOTES.	Date:	Priority:
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Race: Notes:	Date:	Priority:
Notes: YOU'RE ALMOST DONE! The fo	llowing questions are ion and supplementa	designed to familiarization practices. Greenf
Fitness Systems specializes in recovery nutrition from a holis	•	
What is a typical breakfast?		

Dinner?
Describe your snacking habits in between breakfast, lunch, and dinner:
Describe your pre-workout or pre-race nutritional protocol:
Describe your "during the workout" or "during the race" nutritional protocol:
Describe your post-workout or post-race nutritional protocol:

Describe all supplements you are currently using. Include multi-vitamin supplements, electrolytes, and any special pills, capsules or tablets:	s, sport
How much water do you drink per day, apart from exercise?	
How much water do you drink during exercise?	
Please describe any food allergies, or intense likes/dislikes:	
Please describe any religious, ethical, or logistical limitations regarding include information about any current nutritional sponsors):	nutrition
Use the following section to include any additional nutritional notes for coach:	your

FINAL SECTION! Describe what you truly desire from working with a coach. What do you want out of this season? Out of triathlon? Out of life? In other words, why are you sitting here, taking valuable minutes out of your life to complete this form? What are your goals? Be as honest and specific as possible, describing actual races, rankings, or outcomes you want to pursue. You may also use the following section to include any additional general notes for your coach.
Include anything that you feel would be helpful that you haven't yet had a chance to express.
chance to express.