

Stanford University Triathlon Team Individual Training and Personal Health Questionnaire

BASIC INFORMATION

Name: _____ Age: _____
Date: _____
Phone: _____ Email: _____

EXERCISE PROFILE

1. Do you have any background in other fitness activity or sports? Yes _____
Describe _____ No _____
2. Describe your past six weeks of exercise:

Days/Hr/Wk	Distance/Time	Types of Training	Comment
Swim:			
Bike:			
Run:			
3. Do you Stretch? Yes _____ How Often? _____ No _____
4. Do you Strength Train? Yes _____ How often? _____ No _____
5. Do you receive Massage or Chiropractic? Yes _____ How Often? _____ No _____
6. How many years have you been a triathlete? _____ Accomplishments: _____
7. What motivates you to participate/join the Stanford Triathlon Team?

OBJECTIVES AND GOALS

1. What are your current season training and racing goals?

MEDICAL AND INJURY HISTORY

1. Any medical conditions that our coaches should be aware of?
2. Do you have any current aches and pains while exercising? Yes _____ No _____
If yes, describe:

ADDITIONAL GENERAL COMMENTS:

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