



Athlete Initial Information Questionnaire

**Please select a colored font to complete form and return via e-mail to
jon@runneng.com*

Personal

Name: _____ Start Date: _____
DOB: _____ Age: _____ Height: _____ Weight: _____
Street Address: _____ City: _____ Zip: _____
Phone, best number to reach you at: _____
E-mail, to send correspondence: _____
How did you hear about RUNNENG? _____

Physical Activity Readiness Questionnaire (PAR-Q)

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? Y or N
2. Do you feel pain in your chest when you perform? Y or N
3. In the past three months, have you had chest pain when you were not performing any physical activity? Y or N
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Y or N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Y or N
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? Y or N
7. Do you know of any other reason why you should not engage in physical activity? Y or N

Physician's Name: _____ Phone: _____

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which question you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

8. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? If yes, please explain.

9. Have you ever had any surgeries? If yes, please explain.

10. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? If yes, please explain.

11. Are you currently taking any medication? If yes, please explain.

12. Allergies? If yes, please explain.

Athletic

1. Childhood sports played:
2. Current exercise activities, frequency and duration: __
3. Have you worked with a trainer or coach before? Y or N
4. Primary events and distances (e.g triathlon, Olympic distance):
5. Access to a gym? Y or N What equipment do you own at home? __
6. Are you willing to invest in additional training equipment (e.g. resistance bands, medicine ball, stability ball, HR monitor, power meter, etc.) if necessary? __ Y or N
7. Muscle imbalances/weaknesses you feel need improvement? __
8. Flexibility, where do you feel needs improvement? __

Compared with others in my race category, I am among the . . . ↓

SPORT	WORST		AVERAGE		BEST
Swimming	1	2	3	4	5
Biking	1	2	3	4	5
Running	1	2	3	4	5

What do like about training and competing in multi-sports?

What do you dislike about training and competing in multi-sports?

Season goals, list three:

Races scheduled and priority (A, B or C). (I realize this will most likely change but let's get things down on paper so we can evaluate it properly.)

I am regularly available to train at these times.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
EarlyAM							
MidMorn							
Lunch							
Afternoon							
Evening							

I prefer to have my long day on:

I prefer to have my recovery day(s) on:

Equipment and other information

Do you own a heart rate monitor? Y or N

Brand and model?

What is the highest HR you have noticed while...

Running?

Cycling?

Another sport?

Please check what equipment you have access to :

Triathlon bike Mountain bike Road bike Resistance trainer

Bike computer Running track (1 lap= _____) Treadmill Pool

Free weights Rowing ergometer Open water

Steep, short hill (paved or not?)

Longer, moderate-grade hill (paved or not?)

At the end of this month, how will you judge if your training program is working?

At the end of this season, how will you judge of this training program was successful?

Why do you train and compete in endurance sports (be honest)?

REFERRALS: Do you someone else who would benefit from our coaching? Please inform them of RUNNENG and if they purchase a training program from us or sign on for coaching services, you get 15% off your next training plan purchase or 25% off your next month's coaching fee. We appreciate your support.

REFUND POLICY: We want you to be satisfied. If you are not satisfied, please notify RUNNENG in writing, within the first 30 days of your program and we will refund 75% of your program paid for. Set up fee is non-refundable.



WHAT YOU CAN EXPECT FROM US: As new client to RUNNENG you will receive an initial in-person (Portland OR only) or phone consultation, unlimited e-mail and athlete scheduled monthly phone follow up. Athlete feedback, frequent testing and honest information provided by you will best help us set goals, answer questions and monitor your progress. You will receive a login and password to your own personal Training Peaks account for access to your detailed workouts including charts, exercise diagrams and form instructions. In addition, we may be able to refer quality trainers in your area to compliment the workouts we provide.

THANK YOU FOR YOUR SUPPORT. WE ARE EXCITED TO GET STARTED.