



To get started with an Inspired Performance Coaching program, or to have a complimentary conversation to assess your training, please **DOWNLOAD THIS FORM**, fill out as thoroughly as possible and click on the "Submit by Email" button at the end of the form.

** Denotes Required Field*

 **Contact and Basic Information**

***First Name:** _____

***Last Name:** _____

Address: _____

City: _____

***State:** _____

Zip Code: _____

***Gender:** Female Male

Best way to contact you: E-mail Phone Both Other

***Phone Numbers:** _____

***E-mail Address:** _____

***Confirm your e-mail Address:** _____

Best time to contact you: _____

Which sport(s) are you seeking coaching for? _____

Occupation: _____

Hours worked weekly: _____

Married? Yes No

Do you have children? Yes No

If so, do they impact your training? Please explain:

10. Is your cholesterol level high? What's your cholesterol count? Yes No

Cholesterol Count:

11. Have you ever had a complete physical exam including stress test on a treadmill or ergometer? When? Yes No

Date of Last Physical Exam:

Date of Last Stress Test:

12. Do you have any conditions that a doctor says may limit your exercise? Yes No

If yes, explain:

13. Have you ever smoked? When did you quit? Yes No

If yes, explain:

14. Have you ever had a joint or back disorder or any current injury? Yes No

If yes, explain:

15. Have you had surgery in the past 12 months? Yes No

If yes, explain:

16. Have you ever had an exercise related injury which caused you to stop exercising for a week or more? Yes No

If yes, explain:

17. Are you now, or have you been pregnant in the last three months? Yes No

Is there any important information we should know about your pregnancy?

18. Do you have approval from your doctor to start a training program? Yes No

1. List your favorite sports and years of participation (sport, year):

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2. Have you planned what races you will compete in for next season?
If so, please list top three with dates in order of importance.

	Race/Event	Date
1.		
2.		
3.		

3. What are your three most important goals in order of importance to you.

1.	
2.	
3.	

4. At the completion of our first season together, how will we know if we were successful? What is the single most important thing we must accomplish? Please explain:

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5. Do you currently have a strength training routine?

Yes No

If yes, describe:

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6. Please rate your familiarity with strength training.

Not at all familiar
Somewhat familiar
Very familiar

7. For multisport and running, list your best race times, with splits if possible. Include only events within the past 3 years. Cyclists and MTBers, list race category and years of that category.

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8a. What is your typical training week like now? (Type of workout, how long, how hard?)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

8b. Is the above high, normal, or low for you? High Normal Low

9. What is your longest workout in the last 3 weeks?

10. How many weekly hours do you have available to train? Be realistic.

11. What time of day do you expect to do most of your training during the work week?

12. Which day is best for you to take off from training?

13. Multisport and/or Cycling: Do you have a bike trainer?

14. Multisport and/or Cycling: Do you have a cycle computer with cadence function?

15. Do you own a heart rate monitor.

16. How familiar are you with heart rate monitors?

Resting Heart Rate (upon wakening):

What is the highest heart rate you have observed during exercise and what sport?

17. Do you own a Computrainer or other power meter device?

18. Do you know your lactate threshold heart rate for any sport? If so, please list below and describe how and when it was last determined.

Yes No

Swim

Bike

Run

19. If you have a power meter for cycling, do you know your Functional Threshold Power (FTP)?

Yes No

If yes, please list:

20. Do you have access to a track?

Yes No

21. Do you run with a running club?

Yes No

22. Do you ever train with a group?

Yes No

If yes, what sports:

23. Multisport only: Do you have access to a pool?

Yes No

24. Multisport only: Do you have access to a masters swimming program?

Yes No

25. How many miles or hours did you train in the past 12 months for each sport?



In order to focus your training most efficiently, we need to determine your limiters: those aspects of fitness that are limiting your current performances. Please take a few moments to assess your abilities on a scale of 1 to 5.

- 1 = among the worst in my race category
- 3 = about the same as others in my race category
- 5 = among the best in my race category

See descriptions of each ability below.

Abilities/Techniques	Swim	Bike	Run
Endurance			
Force			
Speed Skills			
Muscular Endurance			
Anaerobic Endurance			
Power			

Definitions:

- Endurance is the ability to delay the onset and reduce the effects of fatigue, implies an aerobic level of conditioning.
- Force is the ability to overcome resistance: how well you do in rough water, hills, or in the wind.
- Speed Skills is the ability to move effectively while swimming, biking, or running. A measure of economy and technique.
- Muscular Endurance is the ability of the muscles to maintain a relatively high force load for a prolonged time. A combination of force and endurance.
- Anaerobic Endurance is the ability to resist fatigue at very high efforts when arm or leg turnover is rapid.
- Power is the ability to apply maximum force quickly.

 **Nutrition Information**

1. Please describe what you ate yesterday:

2. If you are following a specific nutritional plan, please specify (Paleo, GF, etc.):

3. Is what you ate yesterday a typical day? Yes No

If no, explain:

4. Please indicate any dietary supplements you are taking regularly, including performance:

 **Miscellaneous**

Time to train	Poor	Good	Excellent
Injuries	Poor	Good	Excellent
Health	Poor	Good	Excellent
Body Strength	Poor	Good	Excellent
Flexibility	Poor	Good	Excellent
Mental Skills	Poor	Good	Excellent
Body Composition	Poor	Good	Excellent
Nutrition	Poor	Good	Excellent

 **Questions**

Comments or Questions: