



Counterpart Coaching Athlete Questionnaire

Complete our questionnaire and email a copy to your coach or to mitch@counterpartcoaching.com.

Contact Information

Today's Date	
Full name	
Home address	
Home phone	
Cell phone	
Work phone	
Email	
Birthday (MM/DD/YYYY)	
Age	
Weight	
Height	
Shirt Size	
Short Size	
Occupation	

Medical Information

Do you have good enough health to undertake this training program? If not, would you be able to get a Doctor's note of medical clearance?
List medical conditions or injuries (previous and current) to be aware of:
What do you do to relax?

Athletic Background

What is your athletic background, high-school/college/post-college?
What racing or training have you been doing in the last 3 years?
What is your favorite/most important athletic achievement?



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Personal Best Previous Races	Distance	Date	Time	Race Name:
Running	5K			
	10K			
	Half Marathon			
	Marathon			
Swim	100 meters or yards			
	1500 meters			
	2.4 miles			
Bike (Avg. MPH or Time)	20K Time Trial			
	40K Time Trial			
	90K (HIM)			
	180K (IM)			

Race Execution Information

Describe your pre-race meal. Please be specific, list any concerns.

Describe your race day nutrition plan. Please be specific, list any concerns.

If you have a race execution plan or race strategy, please describe. Be specific, list any concerns.

Describe how you handle a race not going to plan. Do you maintain a positive attitude? Are you "good" at racing?

Goals/Results

List last season's results. Date/Distance/Race/Results (Time, Place, whatever you have!)

Date	Distance	Race	Results

Last season, did you achieve your goals? Did you have season goals?

For next season, what is your Goal Race? Or, are you seeking general improvement to your performance?



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List your Long Term Goals for the next 2 seasons.

List races you would like to do next season.

- Note any races that require qualification.
- Include the race name, distance and date of race.
- Prioritization: A, B, or C. "A" are the most important, no more than 3; "B" races - no more than 10 races, and "C" are races used for training or experience.
- List Time Goals if you have them.

"A" Races

Date	Distance	Race	Goals/Comments

"B"

Date	Distance	Race	Goals/Comments

"C"

Date	Distance	Race	Goals/Comments

Other Sports/Races

Date	Distance	Event	Goals/Comments

Strengths & Weaknesses

Describe your athletic strengths. (i.e. Speed, endurance, training consistency, motivation, etc.)

Describe any athletic weaknesses. (i.e. Speed, endurance, injury prone, etc.)

What areas of triathlon do you want to work on the most?

What areas of triathlon do you NOT want to work on? (if any!)

Tell me about your training style. Do you Like to swim in open water, feel comfortable? Like to weight train? Are you good at riding hills, flats, pack riding? Do you run comfortably, hate to run, dread the marathon? Ride big gear or spin? Fair weather rider?



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Training Information	
Current # of hours you train per week (last 4 weeks):	
Do you take a rest day on a regular basis? What basis?	
Max. Hours Available to train per week:	
Any other sports you participate in (bike racing, golf, yoga, team sports)?	
Any specific days/sport limitations or preferences? Any commitments (family, church, work) we need to take into account when scheduling?	
Availability/constraints for AM workouts?	
Availability/constraints for Lunchtime workouts?	
Availability/constraints for PM workouts?	
Availability/constraints for weekend workouts?	
Do you currently have a stretch routine?	
Do you currently have a weight routine?	
Do you currently use swim pull buoys/paddles?	
Do you currently use a power meter?	

Current Training Volumes	Details	Longest in last 3 months	Longest <i>ever</i>	Current Weekly Volume
Swim	Meter/Yard			
	Open Water			
Bike	Miles			
	Hours			
Running	Miles			
	Hours			

Current Swim Interval Information	
List swim intervals for an AVERAGE workouts. Use LCM for long course meters, or SCY for short course yards, or SCM for short course meters. <i>Don't worry if you do not have this information!</i>	
100	
200	
400	



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500	
800	
1000	

Current Training Volumes: Use this table to show your current workout schedule.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
Lunchtime							
PM							

Your Equipment/Facilities

	Yes/No	How Close?	Convenient?	Comments
Gym				
Pool				
Track				
Tri bike				
Road bike				
Rain bike (for winter riding)				
Wetsuit				
Swim Buoy/Paddles				
Swim Cords				
Bike Trainer/Rollers				
Computrainer				
HR Monitor				
Power meter				

Thank you for your responses!

How did you hear about Counterpart Coaching?

What were the deciding factors in selecting Counterpart Coaching?

Have you ever worked with a coach before (any sport)? Explain.



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What are your expectations from your Counterpart Coach?

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Thank you!

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1. Choose File, Save As, and rename the document and save a copy to your computer.
2. Close the document.
3. Create an email and attach this document.