



TRIPLE THREAT TOUGH

SWIM.BIKE.RUN FROM FUNDAMENTALS
TO PHYSIOLOGY OF TRIATHLON

New Client Questionnaire

Welcome to **Triple Threat Tough!** We are thankful and excited that you have chosen **Triple Threat Tough** as your guide to a successful triathlon experience. Creating a safe and accurate training plan customized to your specific needs is a top priority. Some of the questions below may seem of a personal nature. Please be as specific as possible, but answer only those with which you feel comfortable.

PERSONAL INFORMATION

Name:

Address:

City:

Zip:

Phone: home () - cell () -

E-mail:

Emergency Contact:

Relationship:

Phone:

Birth Date:

Age:

Gender:

Height:

Weight:

Occupation:

Married:

Children:

Body Fat % (if known):

USAT # (if known):

Waking Pulse Rate:

Physical Activity Readiness Questionnaire

Please explain any "Yes" answers in the space after the questions.

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised physical activity? ___NO___YES
2. Do you have chest pain brought on by physical activity? ___NO___YES
3. Have you developed chest pain in the last month? ___NO___YES
4. Do you tend to lose consciousness or fall over as a result of dizziness? ___NO___YES
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? ___NO___YES
6. Has a doctor ever recommended medication for high blood pressure or a heart condition? ___NO___YES
7. Are you aware, through your own experience or a doctor's advice, of any physical reasons against your exercising without medical supervision? ___NO___YES

Explain:

Other Health History Questions

1. Do you have any metabolic diseases, controlled or uncontrolled, such as diabetes, hyperthyroidism, hypothyroidism, etc? ___NO___YES
2. Do you, or have you ever, smoked regularly? ___NO___YES
3. Do you take any drugs or medications? ___NO___YES
4. Are you, or have you been, recently pregnant? ___NO___YES
5. Do you have high cholesterol? ___NO___YES
6. Have you had any surgery in the past year? ___NO___YES
7. Have you had an injury that has caused you to stop exercising for more than a week? ___NO___YES
8. Are you, or have you ever been, anorexic or bulimic? ___NO___YES
9. Are there any other physical or emotional problems that may affect your training? ___NO___YES

Explain:

MEDICAL HISTORY

Allergies

Are you allergic to any food or medications? ___NO___ YES

If yes, please explain.

ALLERGIC TO:

REACTION:

Past and Current Health History

Do you have, or have you had, any of the following?

	YES	NO		YES	NO
Heart disease	___	___	Asthma	___	___
Heart attack	___	___	Wheezing	___	___
Heart surgery	___	___	Diabetes	___	___
Heart murmur	___	___	Epilepsy	___	___
Hypertension	___	___	Anemia	___	___
Thyroid problems	___	___	Stress fract	___	___

If female, any chance you could be pregnant? Yes ___ No ___

Any special medical needs or information other than what is mentioned above we should be aware of?

CURRENT FITNESS LEVEL

Training History

Please include type of exercise, frequency, duration, intensity (1 is low intensity to 10 as highest intensity) and comment for like/dislike of that activity (i.e. "Run= 6 = like, Swim= 3 = like, Bike= 8 = neutral, Weights=7=dislike, Tennis=5=neutral, Skiing=8=like, Yoga=3=like, etc....")

(Recent / 30 days)

(Past / 1 year)

(Past / 2- 5 years)

Examples of Performance Outcomes in Races, Rallies, Runs and Other Special Events for Last Season

EVENT W/DISTANCE

YOUR TIME AND/OR PLACE

Personal Assessment

Please provide a **self rated perception** response in the following categories (Scale 1=poor, 2=fair, 3=good, 4=very good, 5=excellent).

Health:

Strength:

Endurance:

Recovery Capacity:

Nutrition Quality:

Hydration Mgt: (Ounces of water consumed per day: ____)

Sleep/Rest Quality: (Average hours of sleep per night: ____)

TIME SCHEDULE

“I would like my training plan to fit into the following schedule (provide how many minutes/hours you realistically have available for training in each block):”

	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING (5a to 11a)							
AFTERNOON (11a to 5p)							
EVENING (5p to 10p)							

DISCIPLINE SCHEDULE

“Factoring in current work-outs, club schedules, and work-out partners, I would like my discipline plan to fit into the following schedule (S=Swim, B=Bike, R=Run, Y=Yoga, F=Strength, O=Other-specify):”

	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING (5a to 11a)							
AFTERNOON (11a to 5p)							
EVENING (5p to 10p)							

What day is best for you to have as an off day?

Triple Threat Tough will do its best to accommodate all previous, or desired, time and discipline schedules, but alternate schedules may be necessary.

Write your three season goals below. Goals should a) be race/event specific b) be measurable, and c) have a specific date for accomplishment (example: go under 2:30 at the XYZ Triathlon on June 3, 2011) - Note: You must have at least one season goal.

First Most Important Season Goal:

Second Most Important Season Goal:

Third Most Important Season Goal:

Select Your Weakest Sport:

- Swim
- Bike
- Run

Select Your Strongest Sport:

- Swim
- Bike
- Run

Calculate the number of hours you use on average per week (be realistic)?

Spend at your job:

Preparing for job (getting dressed, showering, etc):

Sleeping:

Eating Meals:

Traveling (includes commute):

Shopping (groceries, errands, etc):

Time with Family (actual, not implied):

Social Functions (minus mealtime):

Home Maint. and Hobbies (reading, scrapbooking, watching tv, mowing, etc):

Misc or Lost Time:

Total Time: _____

Check *one* statement below for each sport that best describes what is standing between you and success in achieving your goals (choose one even if it doesn't 100% apply)?

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 (please specify) _____

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 "masher"--I 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 (please specify) _____

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 (please specify) _____

How important is multisport to your life on a scale of 1-15 (1 I'm doing this because someone is making me, 15 it is my life)?

In the last two weeks, on one day, what is longest distance/time you put in on the:

Run: _____ **Bike:** _____ **Swim:** _____

Have you ever done any strength/resistance training?

Do you think you have ever overtrained? Yes___ No___ ; If so, please describe the type and amounts of time of training you were doing at the time.

Do you have any chronic injuries from ANY sport or activity that may flare up or should be taken into consideration when developing your training plan?

Please supply any other B and C races you are considering doing working up to your goals above.

EQUIPMENT INFORMATION

Please check off the equipment that you own or have access to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Triathlon Bike | <input type="checkbox"/> Road Bike | <input type="checkbox"/> Mountain Bike |
| <input type="checkbox"/> Resistance Bike Trainer | <input type="checkbox"/> Bike Computer (features: |) |
| <input type="checkbox"/> Treadmill | <input type="checkbox"/> Running Track (1 lap = |) |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Water Jog Belt | <input type="checkbox"/> Free Weights |
| <input type="checkbox"/> Machine Weights | <input type="checkbox"/> Gym Membership | <input type="checkbox"/> Rowing Ergometer |
| <input type="checkbox"/> Stair Master/Stairs | <input type="checkbox"/> Open Water | <input type="checkbox"/> Short Steep Hills |
| <input type="checkbox"/> Endless Pool | <input type="checkbox"/> Longer Moderate-Grade Hills | |
| <input type="checkbox"/> Off-Road Run Trails | <input type="checkbox"/> Off-Road Bike Trails | |
| <input type="checkbox"/> Heart Rate Monitor | <input type="checkbox"/> GPS Device | <input type="checkbox"/> Personal Trainer |
| <input type="checkbox"/> Other | | |

NUTRITION INFORMATION

Food Recall

Please list the foods that you have eaten for 3 days in the last week (include one weekend day)

Day 1		
Time	Amount	Food
Day 2		
Time	Amount	Food
Day 3 – Weekend Day		

Food Preferences

Please list any foods that you do not like.

Food	Food

Triple Threat Tough

I hereby contract Triple Threat Tough as my personal coaching company for endurance sports. I agree to pay for services up front at the agreed upon rate per the coaching level and coaching experience I choose, plus the initial set-up fee. I understand that these services will be billed for on a monthly basis in advance of receiving services. A 30 day written notice for cancellation will be due before billing and services will cease.

Client Waiver

Please read the waiver carefully:

By signing below, you agree, warrant and covenant as follows:

Because of the high level of fitness required in this program and the possibility of injury, you must agree to the following Liability Statement before participating in Triple Threat Tough training programs.

1. In consideration of being allowed to participate in the activities and programs of Triple Threat Tough, or any of its agents I do hereby waive, release and forever discharge Triple Threat Tough, or any of its from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities conducted by Triple Threat Tough, or any of its agents.
2. I understand and am aware that strength training, swimming, cycling and running are potentially hazardous activities. This is especially true with riding bicycles in traffic, doing open water swims in lakes open to boat traffic, and while running on public streets. I understand that I am solely responsible for my own safety at all times, including use of proper safety practice and equipment. I agree to obey all laws, ordinances, and safety rules.
3. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and accept any and all risks of injury, or death. It is understood that there are inherent risks involved in exercising, including but not limited to musculoskeletal injuries, strain on muscles, joints and connective tissues, muscle soreness, muscle cramps, abnormal blood pressure, alterations in menstrual cycle, irregular heartbeat, light headedness, dizziness, nausea and in rare cases, even stroke, heart attack, and death.
4. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness program. I also acknowledge that it has been recommended that I have a yearly, or more frequent, physical examination and consultation with my physician as to physical activities, exercise, and use of exercise and training equipment. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of exercise equipment and machinery without the approval of my physician.
5. Consent and information Release ("Consent"): I hereby grant permission to Triple Threat Tough, or any of its agents, to render preventative or first-aid assistance or seek treatment or medical care that seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to Triple Threat Tough, or any of its agents, to use and disclose my personal health information ("PHI") in the ways described in this form. I allow Triple Threat Tough, or any of its agents, to use my PHI as necessary for purposes related to my treatment. I allow my PHI to be given to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the training program. This Release and Consent will be governed by and subject to the laws (except the couice of law principles) and exclusive jurisdiction of the courts of the State of Texas
6. Personal Release - I give permission to Triple Threat Tough, or any of its agents, to free use of my name, picture, and voice in any broadcast, telecast, print account, or any other account in any medium of this training and race. (Ex: Pictures and video).

I do hereby assume all responsibility for my participation with Triple Threat Tough, or any of its agents and activities.
Participant Signature & Printed Name: _____

Parent/Guardian Signature if Under 18: _____

Date: _____

Credit Card Authorization Form

Name on the Card: _____

Participant name #1 _____

Participant name #2 _____

Participant name #3 _____

Type of Card: Visa MC AmEx Discover

Account Number _____

Expiration Date _____ / _____

Security Code _____ Zip Code _____

Billing Address _____

City, State _____

Phone Number _____

Email Address _____

Authorizing: TTT Annual Membership Junior Monthly Membership Custom Monthly Coaching

Private Session Fitness Testing (Vo2, Lactate, RMR) Other

Max Amount Authorized: \$ _____

By signing this form, you authorize Triple Threat Tough
to charge your card for the item(s) listed above.

Signed: _____ Date: _____

Print Name: _____

Mail Completed Form To: Triple Threat Tough
2201 Shakespeare St.
Carrollton, TX 75010