

New Athlete Assessment Sheet



Rate your current level of fitness. Complete all that apply. If you don't understand a question we can discuss during our initial meeting.

Swim:

1. Do you have fins? Y/N Do you use them? Y/N What kind? _____
2. Do you have paddles? Y/N Do you use them? Y/N
3. Do you have a swim snorkel? Y/N Do you use it? Y/N
4. What is your warm up routine? _____
5. List the swim drills you know how to do?

6. Do you incorporate drills in your daily swim routine? Y/N
7. Do you know what your average pace is for 100 Y/N? If so what is your pace?

8. Have you ever had your swim stroke analyzed? (By Whom? When?)

9. Do you have a wet suit? _____ What kind? _____ How Old? _____
10. Do you use body glide or a spray lubricant?

How many times a week have you swam in the past three months? _____

How many yards in a typical workout? _____

Do you currently swim in a masters program? _____

Is a masters program offered in the area in which you live or work? (Describe if you know how the program works? What days? Coach on deck?)

Have you ever been videotaped in the water? _____ If yes, when and by who?

Run:

What Type of Running Shoes do you wear? _____

When was the last time you replaced your shoes? _____

How do you decide it is time to replace your shoes?

Have you ever had your running form analyzed? Yes/No?

Do you have lace locks? Yes/No/What are Lace Locks?

How do you measure intensity when running?

Do you warm up and cool down every time you run?

Do you perform any muscle activation exercises? _____ If yes, which ones?

Bike:

1. Do you know how to put air in your tires? _____
2. Do you inflate your tires before every ride? _____
3. Do you know how to clean your bike? Y/N
4. How often do you clean your bike? _____
5. When is the last time you had your bike tuned? _____
6. How often do you replace your chain? _____
7. Have you ever been fit on your bike? (When? by whom?) _____
8. Do you know what the following terms are?

Cadence? Yes/No

Cassette? Yes/No

Big Ring? Yes/No

Aero Bars? Yes/No

Shifters? Yes/No

What type of bike(s) do you ride? When did you purchase?

Do you experience any discomfort before/during/after riding a bike? Please describe in detail

How often have you ridden your bike on average over the past two months?

Stretching/Warm Up:

Do you have a weekly stretching routine? _____

Do you have a special warm up routine when you?

Swim: Yes/No

Bike: Yes/No

Run: Yes/No

General Questions: Please circle Yes or No or write DK (don't know)

1. Do you gauge training success on the total number of training hours performed each week/Month? Y/N
2. Do you change intensity during each workout by performing a warm up/main set and cool down? Y/N
3. Do you place the same emphasis on swim training as you do cycling and running? Y/N
4. Do you limit caloric intake or try to achieve a certain number with your daily diet? Y/N
5. Do you follow a 3 week or 4 week training cycling? Y/N/What are you talking about?
6. Do you avoid fat in your daily meals and snacks? Y/N
7. Do you rely on carbohydrates as a main or primary source of calories in most of your meals? Y/N
8. Do you frequently skip breakfast or limit your caloric intake during a particular meal i.e. coffee and bagel or oatmeal for breakfast. Y/N
9. Do you eat three square meals a day and never go more than 4 hours without eating? Y/N?
10. Are you able to regulate body composition without counting calories or going on a strict diet? Y/N
11. During training, do you take in calories when training for more than 60 minutes? Y/N
12. Do you consume protein with 30 minutes of training sessions lasting over 60 minutes? Y/N
13. Do you avoid taking in calories during or immediately following exercise due to issues with weight or body composition? Y/N
14. Do you focus on hydration during every workout? Y/N

15. Following heavy training sessions do you often get strong cravings for carbohydrates later in the day or in the middle of the night? Y/N
16. Do you have issues retaining body fat or struggle to maintain proper body composition despite a heavy training load? Y/N/
17. Do you drink sugar based beverages (soda, Gatorade, Monster, Red Bull etc) outside or during exercise? Y/N
18. During training, do you hydrate with a low carbohydrate sports drink (under 4% solution?) Y/N
19. Do you follow any strength/conditioning program as part of your training? Y/N?
20. Do you participate in any group type training? (yoga, strength, cycling etc?) Y/N
21. Do you spend any time focusing on personal weaknesses?
 - a. Flexibility Y/N
 - b. Strength Y/N
 - c. Balance Y/N
 - d. Pedaling Y/N
 - e. Running Form Y/N
 - f. Swimming Form Y/N
 - g. Nutrition Y/N

Answer the following questions Never, Seldom, Sometimes?

Do you experience any of the following?

- a. Night Sweats?
- b. Unusual muscle fatigue?
- c. Fatigue during the day?
- d. Insomnia at night?
- e. Fluctuating motivation, depression or self doubt?
- f. Change or loss of appetite?
- g. Frequent sickness?
- h. Inability to get over sickness?
- i. No performance gains despite training?

j. Reliance on caffeine or stimulants to perform at work, daily life or training?

k. Frequent overuse injuries?

Is there anything else we should know regarding your current level of fitness? Any current ailments or limitations your coach should be aware of?
