

## Questionnaire for training planning

Please fill out as many questions as possible and send the Questionnaire per Post or Fax to us!

### Master data

Name, First name	Date of birth
Street	Postal code, City
Phone	Telefax
Mobilephone	E-Mail
Bodyheight in cm	Bodyweight

### Health history (acute or longer-existing conditions)

Type of disease	Ja	Nein
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory diseases	<input type="checkbox"/>	<input type="checkbox"/>
Lung diseases	<input type="checkbox"/>	<input type="checkbox"/>
Infection (any type)	<input type="checkbox"/>	<input type="checkbox"/>
Inflammation (any kind)	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic disorders (diabetes)	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Pain Regional/ general	<input type="checkbox"/>	<input type="checkbox"/>
Do you use medication	<input type="checkbox"/>	<input type="checkbox"/>
When yes, what medication?	_____	

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Other impairments of health status? \_\_\_\_\_ Yes/ No

When yes, what? \_\_\_\_\_

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**To avoid damage to your health, we strongly recommend that before starting a training-period, a medical review of the sporting capacity both internal medicine and orthopedics should be done! This review should be at repeated in regular intervals (12-16 weeks) throughout the training period!**

To create individual training plans, it is important that we receive the most accurate and detailed information about your athletic past, your objectives, your time budget, your professional and personal situation and your previous training.

The more information we get, the better we can plan your training. For this reason we ask you to answer the following questions as accurately as possible.

### professional situation

What profession do you practice? \_\_\_\_\_

How stressful do you rate your job?

Physically: Exhausting  Demanding  Balanced  Not demanding   
Mental: Exhausting  Demanding  Balanced  Not demanding

How many hours per week do you spend at work? \_\_\_\_\_

Do you have regular working hours? Yes  No  Working hours from/to \_\_\_\_\_  
Arbeiten Sie Schicht? Yes  No

At what shift are your working hours? Early  Late  Night   
From/ to From/ to From/ to

Please outline your shift schedule:

If required please enclose a shift schedule

Working on the weekend? When? \_\_\_\_\_

### Private situation

Civil status: Married  Single  Boyfriend / girlfriend  Children   
Are you outside your work time in organizations / clubs / etc clamped? yes  No

How much time per week you use for it? \_\_\_\_\_

How demanding do you rate this activity?

Physically: Exhausting  Demanding  Balanced  Not demanding   
Mental: Exhausting  Demanding  Balanced  Not demanding

What days will these activities take place? \_\_\_\_\_

### Athletic background in childhood / youth

Sport	Age (from – to)	Years of training	Performance sport	Leisure Sports
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### Current training and competition program

Current sport	age (from)	Years	Performance sport	Leistungssport
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Has been trained continuously in recent years? yes  No   
 When No, how long was the interruption and what was reason? \_\_\_\_\_

Was regularly trained in the last 6 weeks? Yes  No   
 How many hours has on average been trained in the last 6 weeks? \_\_\_\_\_  
 How many hours has been trained in a typical load week? \_\_\_\_\_  
 Do you control your workout with a heart rate monitor? Yes  No   
 Was there in the last 6 weeks any illness- or injury-related times where could not be trained? Yes  No   
 If yes, What? \_\_\_\_\_

What are your personal strengths?

What are your personal weaknesses?

What is your athletic goal in the coming season? (Main competition)

Are there any other athletic goals?

Describe your motivation for this target. Why do you necessarily want to achieve this goal?

What are your expectations from the coach and the individual training?

### Competition schedule (Preparation and main competitions; only to be filled by competitive athletes)

Competition	Date	Disciplin	Distance	preparation	Highlight
Example1	04.07.2010	Triathlon	3,8-180-42,2	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Realized volumes of last season in hours and / or kilometers**

Disciplin	Hours	Kilometers
Swiming		
Biking		
Running		
General training		
others (Skates etc.)		

**Realized volumes of your largest season in hours and / or kilometers.** (Please do only fill in if it was not the past year)

Year:		
Disciplin	Hours	Kilometers
Swiming		
Biking		
Running		
General training		
others (Skates etc.)		

**Please sketch a typical current training / load week in preparation for a competitive event.**

Day	Disciplin	Time of day	duration (h:mm)	intensity
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Zeitbudget für Ihr Training** (hier ist die maximale Zeit gemeint, die wirklich für ein Training genutzt werden kann)

Day	Time in hours	To or from what time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Group / club training** (Please indicate how important it is to plan with these units)

day	Disciplin	Intensity of the workout	Time in hours	from what time until when	Importance
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

**Training camp, increased training, time off training, holiday, etc.**

Have you already planned training camp? Yes  No

Organizer	Place	from - to	guided training	unguided training
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you already know weeks in which more training is possible as is normal? Yes  No

Calendar week	from - to
_____	_____
_____	_____
_____	_____

Do you already know days on which no training possible is? Yes  No

Date: \_\_\_\_\_

Is holiday planned? Yes  No

Calendar week	from - to
_____	_____
_____	_____
_____	_____

Can / Should there be trained in the normal holiday? Yes  No

**Best times in the individual disciplines** (The times will help us determine the interval of time in swimming and running and give us an evaluation of your performance capability. Please indicate only if reasonably current, ie from the current or last season. When swimming, the information would be important if the time in the pool or the lake has come and has swum with or without wetsuit)

Disciplin	Best time (in hh:mm:ss,0)	Date/ Year	competition
Swim 25m with diving			
Swim 50m with diving			
Swim 100m			
Swim 200m			
Swim 400m			
Swim 1500m			
Swim 1900m			
Swim 3800m			
Bike 5000m			
Bike 10000m			
Bike 40km			
Bike 90km			
Bike 180km			
Run 100m Sprint			
Run 400m			
Run 1000m			
Run 3000m/5000m			
Run 10000m			
Run 21,1km			
Run 42,2km			
Triathlon 1,5-40-10			
Triathlon 1,9-10-21,1			
Triathlon 3,8-180-42,2			

**Additional information relating to training opportunities** (Please tick the appropriate box)

The following opportunities for training or regeneration are available to me as an alternative:

- Classic cross-country equipment
- Skating cross-country skating equipment
  
- Inline Skates
- Cross Skates with Sticks
- Roller skis with poles
- Nordic Walking equipment
  
- Gym for strength training ( recommended through the winter )
  
- Lake or open water for open water swim training or change training
  
- MTB
- Roadbike
- Time trail bike
- Hometrainer
- Ergometer
- Crossbike
- Spinningbike

- In bad weather conditions I bike outdoors
- In bad weather conditions I do not bike at all
  
- In my area there are flat cycle routes
- In my area there are hilly bike routes
- In my area there are also longer hills (about 15 minutes uphill)
  
- I have a cadence sensor on the bike
- I have a power meter on the bike (SRM, Ergomo, Powertap, etc.)
  
- For my run training there are flat tracks available
- For my run training there are hilly routes available
- For my run training there are also long climbs available(>10min uphill)
- I have the opportunity to run on a treadmill
- For the interval runs I can run on a tartan / running track
- For interval training, I have flat out adequate standard routes
  
- For me the opportunity to go in the sauna for regeneration is for me available.
- For regeneration, I have the opportunity to go for a massage.
  
- Swimming is for me (limited pooltime) possible on the following days:

Summer:

	Day / time
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Sunday	_____

Winter:

	Day / time
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Sunday	_____

**I hereby certify that there currently are no health restrictions, there are no concerns by the treating doctor regarding load / stress testing and infections are at least six weeks back.**

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature