

Coach Dave's



Coaching Questionnaire

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

How long have you been running/walking/racewalking? _____

Longest race completed? _____

Personal Best times: 1 mile _____ 3k _____ 5k _____ 10K _____

20k _____ 1/2 marathon _____ Marathon _____

Primary goals in the next 90 days

Primary goals in the next year:

Any other races in the next 90 days?

Current weekly mileage _____ Maximum weekly mileage: _____

Current long day distance: _____

Maximum heart rate (if known) _____ Resting heart rate: _____

Chronic injuries?

Current injuries? _____

Current typical weekly training pattern—include weight training and cross-training, if applicable:

M _____
T _____
W _____
Th _____
F _____
Sat _____
Sun _____

Anything else? _____

