

#### **SUNDOG ATHLETE QUESTIONNAIRE**

Today's Date:		
Name:		
Address:		
City:	State:	Zipcode:
Country:		
Email:		
Phone Number:		
Gender:	Month & Year of Birth:	
Number of years running:		
Please tell us how you heard about Sur	ndog Running?	

### YOUR TRAINING AND RACING GOALS

What are your training and racing goals for this particular training program or coaching cycle?

Please list races of particular interest that you would like to run in the next six months: Rank the importance of each race with #1 being the most important race, #2 as the next most important race, and so on.

Rank	Race Name	Race's Website	Distance	Date
				(Month/Day/Year)

### YOUR TRAINING BACKGROUND

Number of years you've been running?

Number of years you've been racing?

If you're a marathoner and/or ultramarathoner, how many years have you been doing these?

How many marathons and/or ultras have you completed?

Provide an overview of your last 10 weeks of training and include the following information:

Week's Start Date	Weekly Volume	Long Run Length	Key Workouts with details	Races

#### Describe your typical week of running:

Day	Distance/Duration	Workout (if any)	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Your average wee	dv training	volume	(include	miles o	or kilomet	ers):
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In the last 12 weeks:

How much weekly training volume do you believe you can handle without feeling overtrained?

#### Your average number of days running per week:

In the last 12 weeks:

How many days per week do you believe you can run without feeling overtrained?

## Approximate your <u>average pace</u> for the following (include minutes/mile or minutes/kilometer):

Easy/Long Runs:

Hard Runs:

Do you prefer your workouts in miles or kilometers?

### **Training Organization:**

How many hard/specific/quality running workouts do you complete per week and what days of the week do you normally run them?

How many days off from running do you take each week and what day(s) are they?

On which day do you usually complete your long run?

What is the farthest you have run in a single long run in training?

Strengths/Weaknesses:
What are your running strengths?
What are your running weaknesses?
What areas do you believe you need the most improvement?
What is your favorite hard running workout?
What is your least favorite hard running workout?
Running Injuries Please describe any running injuries you've had and whether you are still affected by the injury (include type of injury, date, possible cause, how long it lasted, and rehab routine):
Cross Training: Please describe any other supplemental or cross-training exercise (ex. biking, swimming, hiking, weight training, Crossfit, yoga) that you regularly perform as a part of your fitness/training program. Include the days that you prefer to complete these exercises. We'll incorporate this into your running

schedule:

## **YOUR RACING HISTORY**

List your personal best times and the year you ran them for any of the distances below:

Distance	Time	Year	Race Name/Location	
Half-Mile/800m				
Mile/1500m				
5K				
10K				
½ Marathon				
Marathon				
50K				
50 Mile				
100K				
100 Mile				
Other:				
Other:				

### List your best times in the last 12 months:

Distance	Time	Year	Race Name/Location
Half-Mile/800m			
Mile/1500m			
5K			
10K			
½ Marathon			
Marathon			
50K			
50 Mile			
100K			
100 Mile			
Other:			
Other:			

# **YOUR TRAVEL**

Please list dates of travel, vacation or any other activities that will limit your ability to train. Your plan will be adjusted for these special day(s).

Travel/Activity Type	Dates (Month/Day/Year)	Limitations on Training

#### YOUR TRAINING GROUNDS

