



Triathlon Diagnostic

Name:

Address:

D.O.B:

Email:

By completing this process, this will provide a snap shot of your current health & fitness levels. This helps us to support you on how to plan, prepare and support you on your goals.

For the following questions simply circle Yes or No.
You will see some of the answers are back to front No/yes in this case No is taken as a score.

Add the scores up for each section and add it to the graph on the last page then submit it to coach@pursuetriathlonclub.com for a comprehensive overview.



Timing

- | | |
|---|--------|
| 1. Can you commit time to a training schedule? | Yes/no |
| 2. Will you be consistent with your training schedule? | Yes/no |
| 3. Have you had any negative issues with previous training? | Yes/no |
| 4. Are you coachable and open to new training techniques? | Yes/no |
| 5. Do you take ownership of your health and fitness? | Yes/no |

Total score is out of 5

Injuries

- | | |
|--|--------|
| 1. Do you or have you suffered any back, ankle, knee or shoulder injuries? | No/yes |
| 2. Do you suffer from regular headaches, migraines, and neck pain? | No/yes |
| 3. Are you seated for the majority of the day at work? | Yes/no |
| 4. Do you have a 'prehab' personalized training program? | Yes/no |
| 5. Do you currently train in pain? | No/yes |

Total score is out of 5

Swim

- | | |
|--|--------|
| 1. Do you find it easy, relaxing and comfortable to swim? | Yes/no |
| 2. Do you swim 50metres under 60 seconds? | Yes/no |
| 3. Do you follow a strength-training program specifically for swimming? | Yes/no |
| 4. Have you had any previous technique training? | Yes/no |
| 5. Have you competed in a 1500 metre (or longer distance) race in the last 12 months | Yes/no |

Total score is out of 5

Bike

- | | |
|--|--------|
| 1. Do you average between 25-30kph on the bike | Yes/no |
| 2. Do you include specific hill training sessions in your current monthly program? | Yes/no |
| 3. Do you include specific power & interval sessions in your current monthly training? | Yes/no |
| 4. Do you practice bunch riding with a group at least once per week? | Yes/no |
| 5. Do you specifically do resistance or strength training for the bike? | Yes/no |



Total score is out of 5

Run

- | | |
|---|--------|
| 1. Are you currently pain free when running? | Yes/no |
| 2. Do you do currently have 4 sessions of speed programmed per month? | Yes/no |
| 3. Can you run 1km without stopping? | Yes/no |
| 4. Can you run 10kms under one hour? | Yes/no |
| 5. Have you had your running technique reviewed by a coach? | Yes/no |

Total score is out of 5

Transitions

- | | |
|--|--------|
| 1. Do you have your own current transition equipment? | Yes/no |
| 2. Have you trained specifically for Transitions T1 and/or T2? | Yes/no |
| 3. Are you current with your Triathlon Australia's rules in the transition area? | Yes/no |
| 4. Do you have a current transition time less than 2 minutes within T1 & T2? | Yes/no |
| 5. Have you had your transition technique reviewed by a coach? | Yes/no |

Total score is out of 5

Training

- | | |
|--|--------|
| 1. Do you know your preferred Heart Rate Zones for increasing your fitness? | Yes/no |
| 2. Whilst training do you train yourself within your Heart Rate zones? | Yes/no |
| 3. Do you currently follow a core-training program specifically for Triathlons?? | Yes/no |
| 4. Do you schedule recovery time following each session? | Yes/no |
| 5. Do you strength train specifically for the sport of Triathlon? | Yes/no |
| 6. Do you follow a personalized training program put together by someone qualified in this area? | Yes/no |

Total score is out of 6



Nutrition

1. Do you eat every 2-3 hours? Yes/no
2. Do you follow the breakdown of macronutrients for your goal? Yes/no
3. Do you eat before and after your training sessions? Yes/no
4. Do you follow a personalized nutritional plan to get the best from your training sessions? Yes/no
5. With your current eating do you feel tired, bloated, and lethargic of a morning and in the afternoons? No/yes

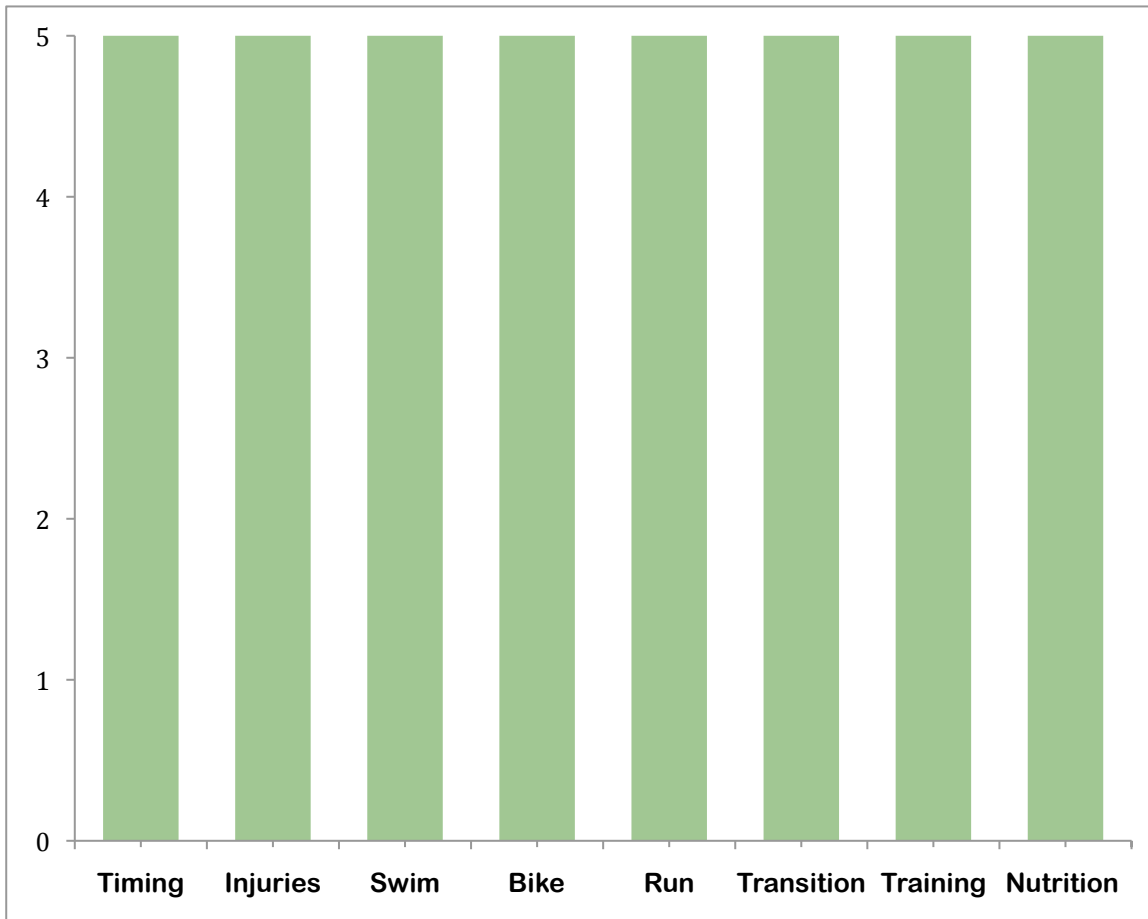
Total score is out of 5

Budget

1. Have you a set monthly budget for a triathlon plan? Yes/no
2. What is your budget per month for training?



On the below chart draw the graph for each column.



Thank you for taking the time to filling out the questions above.

This gives us the information we need to get you In the correct program so you get the success in your training and the results you desire.

Please send back to coach@pursuetriathlonclub.com