

Wimberg Bike Coaching LLC

513.207.4269, pwimberg@aol.com

Contact Information

Name _____ birth date _____

Address _____

City _____ State _____ zip _____

Home Phone _____ Cell Phone _____

Email address _____

Cycling and Training Background

1. Number of years you've been riding _____

2. Average number of miles per year over last three years _____

3. Miles ridden last year _____

4. Hours per week your able to ride _____

Daily Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___ Sun ___

5. Hours per week you're in the in the gym _____ number of visits per week _____

Typically which days do you lift? M ___ T ___ W ___ TH ___ F ___ S ___ S ___

6. Do you own a power meter (ie, Stages, Quark, Powertap, etc) yes ___ no ___

7. If yes, do you know your critical power for 5 seconds ___ 30 seconds _____ 1 minutes _____ 5 Minutes _____ 30 minutes ___ 60 minutes (FTP) _____ 90 minutes _____ 10 mile time trial _____ a 40k time trial _____

8. What are three goals for the upcoming season: _____

9. If you have the dates for specific events, please list them: _____

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10. Do you keep detailed training logs? Yes___ No ___. If no, you will need to start to keep training logs.
11. Do you have any injuries, current and/or on-going, that would affect your ability to train and ride? _____
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12. Do you have any events that will cause you to miss large blocks of training (2-3 weeks at a time)? _____
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13. Do you have other athletes in your home? Yes___ No___
14. If yes, will some of your training take place with them? Yes ___ No ___
15. Do your immediate family members and/or significant others support you in your training and your goals? Yes ___
No ___
16. If no, how will this affect your training and goals? _____
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17. How are you're your skills with basic bike maintenance like changing tires, adjusting brakes and shifting?

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18. Are you comfortable training alone? Yes ___ No ___
19. USAC Race Category 5___ 4 ___ 3 ___ 2 ___ 1___
20. Type of bike(s) you ride: _____
21. your height_____and your weight_____ (only needed if you're interested in watts/kg)
22. do you know your body fat % yes___no___ if yes, what is that %_____
23. How would you rate your diet on a scale of 1-10 with 10 being outstanding in helping you perform at your greatest potential and 1 being you're subsisting on fast food and soft drinks_____
24. Have you ever worked with a sports specific dietician? Y__N__
25. Please note any other concerns and questions you may have regarding your training, working with a coach, etc.
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