

GENERAL QUESTIONNAIRE

Name and surname	
Date of birth	
E-mail address	
Phone number	
Weight	
Height	
Purpose of diagnostics	
Current training schedule (day, type of training, frequency, duration)	
Short-term goals (<3 months)	
Long-term goals (>3 months)	
HRmax (the highest heart rate you have seen)*	
Current training zones in which you train	
How did you get to us?	
Cycling inseam**	

*fill in if known

**fill in only if the test is performed on cycle ergometer