# Race Day Plan Questionnaire

To get started, please answer the below questions about your training experience, nutrition practises/preferences and the event you are entering:

**Personal Details**DOB - Click here to enter a date. Age - Click here to enter text.
Height (cm) - Click here to enter text. Weight (kgs) - Click here to enter text.

Please indicate your finish times (actual/estimate) for the following distances:
5/10 k - Click here to enter text. Half marathon - Click here to enter text.
Marathon - Click here to enter text. Other - Click here to enter text.

**Event Details**Target event and date - Click here to enter text.
Estimated finish time (for mutli-day events, include each day) - Click here to enter text.
Will you be racing, trying to beat a time or just aiming to finish? Click here to enter text.

What facilities/access do you have to buy and prepare food for this event? Please provide details.
Click here to enter text.

**Sports Nutrition Practises**Your plan may include a combination of sports nutrition products (eg gels, sports/electrolyte drink, powders), real food and water.

What is your experience with eating/drinking whilst running and do you have any preferences?
Click here to enter text.

Please list any products or foods you currently use:
 Click here to enter text.

Have any products/food NOT been suitable, and why?
 Click here to enter text.

Will you be open to using bottles and/or a hydration pack to carry fluids? [ ]  Yes [ ]  No
If yes, what volumes/sizes? (If you have not yet purchased a pack, please indicate your preference how you will carry your food and drink)
Click here to enter text.

Do you eat before you train or race? [ ]  Yes [ ]  No
If yes, please provide details of what, how much, and the timing of this meal/snack.
Click here to enter text.

Please note any special dietary requirements -
 Click here to enter text.

Any other comments/considerations?
Click here to enter text.