# 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.