

AERO/PRO FIT QUESTIONNAIRE

NAME _____

WEIGHT _____

HEIGHT _____

AGE _____

YEARS RIDING _____

CURRENT BIKE _____

CURRENT PEDAL SYSTEM _____

1 POOR (LOW) 10 EXCELLENT (VERY IMPORTANT)

FLEXIBILITY

1 2 3 4 5 6 7 8 9 10

COMFORT

1 2 3 4 5 6 7 8 9 10

SPEED/COMPETITVENESS

1 2 3 4 5 6 7 8 9 10

CURRENT FITNESS LEVEL

1 2 3 4 5 6 7 8 9 10

HOW MANY HOURS A WEEK DO YOU RIDE AT YOUR PEAK _____

DO YOU COMPETE IN (CIRCLE ALL THAT APPLY):

ROAD RALLIES

TIME TRIALS

TRIATHLONS

MOUNTIAN BIKING

Sprint Olympic Half Full

ROAD RACING

TOURING

CYCLE-CROSS

CRITERIUMS

DO YOU HAVE ANY EXSISTING INJURIES: YES NO

IF YES PLEASE EXPLAIN:

DO YOU HAVE ANY CURRENT DISCOMFORTS WITH YOUR CURRENT FIT:

YES NO

IF YES PLEASE EXPLAIN: