



Joanna K Chodorowska, BA, NC  
106 Pimlico Way ~ North Wales, PA 19454  
T: 215-272-6774 F: 215-393-5397

[joanna@nutrition-in-motion.net](mailto:joanna@nutrition-in-motion.net) [www.nutrition-in-motion.net](http://www.nutrition-in-motion.net)

## Race Day Nutritional Analysis

Date: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Health concerns/ issues: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_ weight: \_\_\_\_\_ height: \_\_\_\_\_ M/F: \_\_\_\_\_

Date of race? \_\_\_\_\_ What distance/type of race? Tri/ Du (circle 1): sprint \_\_\_ Oly \_\_\_ 1/2  
IM \_\_\_ IM \_\_\_; cycling \_\_\_: metric 100 \_\_\_ 100 miles \_\_\_ multiple days? Y \_\_\_ N \_\_\_ How many  
if yes: \_\_\_; Running \_\_\_: 5K \_\_\_, 10K \_\_\_, 1/2 mar \_\_\_, marathon \_\_\_, ultra \_\_\_

Reasons for race day nutrition review: \_\_\_\_\_

How did you hear about me? \_\_\_ friend (\_\_\_\_\_) \_\_\_ magazine ad ( \_\_\_LSM \_\_\_PhillyFit) \_\_\_  
website \_\_\_ other (\_\_\_\_\_)

Do you smoke or use tobacco products? \_\_\_\_\_ Does anyone smoke in your home? \_\_\_\_\_  
If yes, how many packs per day? You \_\_\_\_\_ someone else \_\_\_\_\_

Do you use over the counter drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what do you take? \_\_\_\_\_ for what symptom? \_\_\_\_\_  
how much, how often? \_\_\_\_\_

Do you take prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what do you take? \_\_\_\_\_ for what symptom? \_\_\_\_\_  
How much, how often? \_\_\_\_\_

How much water do you drink per day? \_\_\_\_\_ glasses  
Is it filtered or purified? Please specify: \_\_\_\_\_

How many cups of coffee \_\_\_\_\_, soda \_\_\_\_\_, or black tea \_\_\_\_\_ do you drink daily?

How many cups of diet soda \_\_\_\_\_, diet tea \_\_\_\_\_ or diet drinks \_\_\_\_\_ do you drink daily?

Which artificial sweeteners are you most familiar with? (check those you know; mark with an "X" if  
you use that one)

\_\_\_ Aspartame      \_\_\_ Saccharin      \_\_\_ Sucralose      \_\_\_ Equal  
\_\_\_ Acesulfame-K      \_\_\_ NutraSweet      \_\_\_ Splenda      \_\_\_ other \_\_\_\_\_

Do you take nutritional supplements (vitamins)? Yes \_\_\_ No \_\_\_

If yes, please list what you take. Please include brand, type, quantity taken per day:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you rate your knowledge of nutrition and nutritional supplements?

\_\_\_ excellent    \_\_\_ fairly good      \_\_\_ poor      \_\_\_ know nothing



Joanna K Chodorowska, BA, NC  
106 Pimlico Way ~ North Wales, PA 19454  
T: 215-272-6774 F: 215-393-5397

[joanna@nutrition-in-motion.net](mailto:joanna@nutrition-in-motion.net) [www.nutrition-in-motion.net](http://www.nutrition-in-motion.net)

What is your typical training schedule? Please list day of week, time of day, distance and/or time of session and what sport.

Sunday: \_\_\_\_\_  
Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_

Do you drink alcohol? Yes \_\_\_ No \_\_\_  
If yes, how much and how often? \_\_\_\_\_  
\_\_\_\_\_ beer \_\_\_\_\_ wine \_\_\_\_\_ spirits \_\_\_\_\_ mixed drinks

Do you have food allergies? Yes \_\_\_ No \_\_\_ Not sure \_\_\_  
If yes, to what? \_\_\_\_\_  
\_\_\_\_\_

Do you have food cravings? Yes \_\_\_ No \_\_\_  
If yes, what do you crave? (chocolate, salty snacks, sweets, cookies, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Do you avoid certain foods? Yes \_\_\_ No \_\_\_  
If yes, what do you avoid and why? \_\_\_\_\_  
\_\_\_\_\_

Do you experience the following on while exercising or in racing? (mark with R if racing)  
\_\_\_ acid reflux    \_\_\_ nausea    \_\_\_ difficulty breathing    \_\_\_ diarrhea    \_\_\_ fatigue  
\_\_\_ constipation    \_\_\_ headaches    \_\_\_ heavy legs    \_\_\_ back pain    \_\_\_ cramps  
\_\_\_ chills    \_\_\_ fatigue/ tired    \_\_\_ cannot sleep    \_\_\_ cannot stay asleep    \_\_\_ heartburn  
\_\_\_ sinus congestion    \_\_\_ other (please list: \_\_\_\_\_)    \_\_\_ other \_\_\_\_\_    \_\_\_ mood swings

**Please list what your current pre-race meal consists of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Joanna K Chodorowska, BA, NC  
106 Pimlico Way ~ North Wales, PA 19454  
T: 215-272-6774 F: 215-393-5397

[joanna@nutrition-in-motion.net](mailto:joanna@nutrition-in-motion.net) [www.nutrition-in-motion.net](http://www.nutrition-in-motion.net)

For the following section, please write down as accurately as possible, everything that you have eaten and drank for the past 2-4 days. Please be as specific as possible. Also include coffee (specify if caf/decaf), alcoholic beverages, soda (what kind or if diet), candy bars, etc and estimate the serving sizes (1 cup, 8 oz liquid, etc). If you drink milk, please indicate if whole, 2% or skim, etc. Please explain as well as possible how the food was prepared, eg. 1 chicken breast – fried, baked or broiled? With skin? Breaded? Marinated? In what? What type of oil was used, etc.

**Every day meals – day of week: \_\_\_\_\_**

When did you go to sleep? \_\_\_\_\_ When did you wake up? \_\_\_\_\_  
How did you sleep? \_\_\_ soundly \_\_\_ tossed and turned \_\_\_ out like a light  
Did you have trouble falling asleep? \_\_\_\_\_ Did you have trouble staying asleep? \_\_\_\_\_  
Did you exercise? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_  
How long? \_\_\_\_\_ What time? \_\_\_\_\_  
Did you have a bowel movement? Yes \_\_\_ No \_\_\_ how many times today? \_\_\_\_\_  
Do you take fiber supplements? Yes \_\_\_ No \_\_\_ if yes, which one \_\_\_\_\_  
Symptoms: \_\_\_\_\_

**Breakfast:** (what time? \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Snacks:** (what time? \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_

**Lunch:** (what time? \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Snacks:** (what time? \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner:** (what time? \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this your usual way of eating? Yes \_\_\_ No \_\_\_

If no, what made it different? \_\_\_\_\_

\_\_\_\_\_



Joanna K Chodorowska, BA, NC  
106 Pimlico Way ~ North Wales, PA 19454  
T: 215-272-6774 F: 215-393-5397

[joanna@nutrition-in-motion.net](mailto:joanna@nutrition-in-motion.net) [www.nutrition-in-motion.net](http://www.nutrition-in-motion.net)

## Pre-Race Day Meal – currently what you do:

When did you go to sleep? \_\_\_\_\_ When did you wake up? \_\_\_\_\_  
How did you sleep? \_\_\_ soundly \_\_\_ tossed and turned \_\_\_ out like a light  
Did you have trouble falling asleep? \_\_\_\_\_ Did you have trouble staying asleep? \_\_\_\_\_  
Distance of race: \_\_\_\_\_ Time of race start: \_\_\_\_\_

Any symptoms day before race?: Please list them, if any:

---

**Breakfast:** (what time? \_\_\_\_\_)

---

---

**Snack/ Lunch?:** (what time \_\_\_\_\_)

---

---

---

---

---

**Pre Race Meal:** (what time typically? \_\_\_\_\_)

---

---

---

**Other meals?:** (what time? \_\_\_\_\_)

---

---

---

---

Additional comments/ concerns:

---

---



Joanna K Chodorowska, BA, NC  
106 Pimlico Way ~ North Wales, PA 19454  
T: 215-272-6774 F: 215-393-5397

[joanna@nutrition-in-motion.net](mailto:joanna@nutrition-in-motion.net) [www.nutrition-in-motion.net](http://www.nutrition-in-motion.net)

**Race Day meals – day of week: \_\_\_\_\_**

When did you go to sleep? \_\_\_\_\_ When did you wake up? \_\_\_\_\_  
How did you sleep? \_\_\_ soundly \_\_\_ tossed and turned \_\_\_ out like a light  
Did you have trouble falling asleep? \_\_\_\_\_ Did you have trouble staying asleep? \_\_\_\_\_  
What distance race? \_\_\_\_\_ How long ago was last race? \_\_\_\_\_

Do you have a bowel movement before race ? Yes \_\_\_ No \_\_\_ how many times usually? \_\_\_\_\_  
Do you take fiber supplements? Yes \_\_\_ No \_\_\_ if yes, which one \_\_\_\_\_ when? \_\_\_\_\_  
Symptoms usually experienced during/after event: \_\_\_\_\_

**Breakfast:** (what time? \_\_\_\_\_)

**What used before race/swim ::** (what time? \_\_\_\_\_)

**What planning to use on bike:** (which product? How much per bottle? How many per hour? etc)

**What planning to use on run:** (which product? How much? etc )

**Post Race meal:** (how soon after race? \_\_\_\_\_)

Thank you for your participation.

*Joanna K Chodorowska, BA, NC*