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Mini 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? ___ race (_____) website ___ other (_____) _____

Do you experience the following during/after 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

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)



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Name: _____

Race Day meals – Suggested plan:

Breakfast: (what time: _____)

What used before race/swim :: (what time: _____)

What planning to use on bike:

What planning to use on run:

Thank you for your participation.

Joanna K Chodorowska, BA, NC

Name: _____



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Race Day meals –

Suggested plan:

Breakfast: (what time: _____)

What used before race/swim :: (what time: _____)

What planning to use on bike:

What planning to use on run:

Thank you for your participation.

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