

# Spin Zone Pre Bike Fit Questionnaire

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Height: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please answer the following important questions as precisely as you can. Your fit specialist will review this form with you and may request further information in order to best meet your needs.

1. What are your goals/reasons for scheduling a bike fit?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. Have you ever had a bike fit before?  Y /  N

3. Bike Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Frame Size: \_\_\_\_\_

4. Shoe Type:  Road  Mtn  Other Cleat/Pedal System: \_\_\_\_\_

5. What kind of riding do you participate in most often: Road, Mountain, CycloCross, Time Trial, Triathlon, Track, Gravel, Commuter?

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

6. Volume of riding:

Days Per Week: \_\_\_\_\_ Hours/Distance Per Ride: \_\_\_\_\_

7. List any upcoming races or events, if any:

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

8. Do you participate in any other forms of exercise regularly? (Please list and note how often you participate in each):

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9. Please briefly describe any CURRENT issues you are experiencing while cycling (e.g., pain, chaffing, sores, poor power output) as well as any current injuries/pain unrelated to cycling:

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10. List any PAST injuries or pain you experienced while cycling and in other activities and the treatment you received, if any:

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11. Please provide any additional information that you feel is pertinent to your evaluation:

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