

<b>Study of Competitive Road Cyclists</b>		Please complete this column
<b>Subject</b>	Name Age DOB Height (m) Weight (kg) Contact Email Contact Mobile	
<b>Address</b> (for blood test kits)	Address Line 1 Address Line 2 Town Post code	
<b>Cycling history</b>	Current cycle racing category Years of cycling training Training load: average hours on bike per week Training load: any S&C or off bike exercise? 60 min Functional Threshold Power: watts Type cyclist (TT/Climber/Sprinter/All round) Previous sports to cycling?	
<b>Nutrition</b>	Weight steady? Vegetarian/food intolerances? Supplements? Fasted rides per week? Fuelling during ride > 1 hour? Post ride fuelling? Average number of portions dairy per day? Average caffeine per day (coffee/gels etc)	
<b>Medical</b>	Past Medical History Injury history Medical Drug History (current and previous, including any courses steroids) Current or past smoking Weekly alcohol units Family History (osteoporosis?)	