Ohio Cycling Center Bike Fit Information Form

When completed please email to: ohiocyclingcenter@gmail.com Thank You!!

Your Name: _____ Date: _____
Home Ph: _____ Cell Ph: _____ Work Ph: _____
Email address: _____
Street: _____ City: _____ St: ____ Zip _____
What is your age? _____ Height? _____ Weight? _____

How did you learn about Ohio Cycling Center? _____

1. What type riding do you plan to do? For example: On-road, bike path, mountain biking, Gravel, cyclocross.

_____

2. What are your cycling goals? For example: Planning to ride a specific charity event/date, reduce my weight, competing in a specific race event/date, ride 100 miles in X hours.

_____
_____

3. Put an X by the category that best describes your level of cycling experience:

None ___ Beginner ___ Novice ___ Intermediate ___ Advanced ___

4. Estimate how many miles you have ridden a bike in the past 12 months? _____

5. How frequently do you ride now (days per week)? _____

6. How long is a typical ride for you (time or miles)? _____

7. Tell me about the bicycle you want fitted:

What Type? Road ___ Mountain ___ Cyclocross ___ Tri ___ Gravel ___

Make _____ Model _____ Year _____ Size _____

Does this bike have aero bars? _____Make/model _____

Does it have disk brakes? _____ Wheel/Tire size? _____

How long have you been riding this bicycle? _____

8. Are you active in other sports or activities (Yes/No)? _____
Please list _____

9. Do you have a regular Stretching/Flexibility Routine? (Y / N)
If Yes, how many days each week? ____

10. What is your occupation? _____.

What is your work schedule (8-5 M-F, shift work, frequent travel) ?_____

Do you spend most of the day seated or walking around? _____

11. Have you had a bike fitting before? (Yes/No) _____. If Yes, when were you fitted___ Who did your fitting? _____

12. Have you had any injuries or conditions that limit your flexibility? (Yes / No)

    If yes, what areas and what limitations? _____
    _____

13. Do you experience any pain or discomfort when you are riding? (Y / N) _____

    If yes, what type of pain and where your feel it, when does it occur (for example: immediately, after 15 min, at 30 miles, etc.), and the level of pain (slight, moderate, or severe).

    _____
    _____
    _____

14. Do you have cycling shorts? _____ Cycling jersey? _____

15. What is your shoe size? _____

    Do you have cycling specific shoes (Yes/No)? _____
    Make & model? _____

    Do you use clip-in pedals and cleats (Yes/No)? _____
    Make/model _____

16. What do you most want this bike fit to provide you?

_____
_____

Thank You!