







# MASTERS / OF / TRI /

## Post-race review

*Be honest with your answers – this exercise is for your future development!*

Name:		Race:		Date:		
<b>Race Results</b>						
Total Time:		Swim Time:		Bike Time:		
Question			Response / Comment			
Did you enjoy the race? (move tick into box of the appropriate image)			<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/>
What were your strengths in this race?  (list them for each discipline)						
						
						
Did you experience any difficulties? (e.g. swim, bike, run, nutrition/hydration, hills, etc)			Comments:			
Did your equipment function as planned?			Comments:			
Were you able to stick to the race plan?			Yes / No? Any comments?			
Were you able to stick to the nutrition / hydration plan?			Yes / No? Any comments (tummy upsets, etc)?			
What elements of training do you feel need to be featured more for future races?			Comments:			