



Running Assessment Client Questionnaire

Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____

1. What is your purpose for participating in a running assessment? (Check all that apply)

- Video Analysis Injury Prevention Free Assessment
 Injury Rehabilitation Training Advice Improve Performance
 Other: _____

2. List any problems that you are currently having while running. _____

3. List any past injuries related to running. _____

4. Please list any medical problems (high blood pressure, heart problems, cancer, ect.). _____

5. Current Medications: _____

6. Previous Surgeries: _____

7. Training Information:

- Mileage: per week _____ average per run _____ days per week _____
- Why do you run? (exercise, races, enjoyment, ect.) _____
- List any recent change(s) in your training/running habits: _____

- Surface(s) that you run upon (trails, pavement, treadmill, ect): _____
- Training techniques (intervals, hills, speed, ect.): _____
- Running Shoes: type/model _____ how old _____ approximate miles _____

8. List anything else you feel that is important regarding your running history/experience. _____
