



Running Questionnaire

NAME: _____

Medical History:

Date and Description of Current injury: _____

Previous Treatment for this injury: _____

What have you tried to remedy this problem yourself?

- Change in footwear
- Use of orthotics
- Decreased training volume (amount, miles)
- Decreased training intensity (speed, inclines)
- Decreased training frequency (how often)
- Ice cups/ Ice massage/ Ice compress
- Topical treatments
- Changed running surface
- Medications
- Compression / wraps/ braces
- Other _____

Prior musculoskeletal Injuries (Even if unrelated to running / lower extremities):

Previous running related injuries _____

Chronic orthopedic conditions you train through (i.e. sore knees, shin splits, Hip pain etc.):

When you run, when do symptoms occur?

- Every step of the run
- Worse toward the end of the run
- Worse at the start and then improves
- Only after the run ends (the next day)
- Stopped training because of the pain?

History of: Stress Fractures Yes No
 Steroid Use Yes No
 Eating Disorder Yes No

NAME: _____

Dietary questions:

Typical calorie intake per day? _____
Are you dieting? _____
Any foods you avoid? _____
Do you exercise to lose weight? _____
Highest and lowest weight in last few years? _____

Female History:

Pregnant [] Yes [] No
Age of 1st period _____
Date of last period _____
Using birth control or hormone containing meds [] Yes [] No
How many days is your typical menses cycle (i.e 28 days, 31 days) _____

Training History:

Level of Competition:

- [] Recreational only – run to workout, manage weight, various distances and varied pace
- [] Recreational competitive- running in local 5K, 10K, half marathons, trying to beat personal best.
- [] Competitive (HS/ College)
- [] Elite

Running Surface:

- [] Treadmill
- [] Street (What side of street- with traffic / against traffic)
- [] Sidewalk/ bike path/ running path
- [] Indoor track – Banked turns- Yes / No Alternating directions – Yes / No
- [] Trails

Cross – Training: (How often)

- [] Biking _____
- [] Swimming _____
- [] Weights/ Strengthening _____
- [] Stairs _____
- [] Yoga/ Stretching _____
- [] Core work / Pilates _____
- [] Other: _____

Training:

Are you currently in training for a specific event Yes / No Race and Date _____
Years of Running: _____
Running Club (if applicable): _____
Pace / Mile: _____
Miles /Week: _____
Long Run: _____

Have you/ are you working with a running coach/ speed coach [] Yes [] No

NAME: _____

Training Schedule:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Activities (Amount, intensity level [high, med, low], Miles							

Footwear:

Type/ Style of sneaker (if known): _____

Barefoot / Vibram _____

Minimalist _____

Neutral _____

Light stability _____

Stability _____

Motion Control _____

How long using current shoe style/ model? _____

Sneaker inserts/ orthotics- Custom – Who made _____ How old _____

Prefabricated – What type _____

Unusual wear pattern on your shoes [] Yes [] No

Recent changes in your training?

- [] Increased mileage
- [] New shoes or inserts
- [] Speed work or track work
- [] Hill training
- [] Change in terrain
- [] Running form