



Running Evaluation Form

Name: _____ Email: _____

Age: _____ Height: _____ Weight: _____

Background

What brings you here? _____

When did the current problem begin? _____

How did it happen? _____

Do you have pain *while* running? Yes No If so, what happens to the pain while running? increases decreases

Do you have pain *after* running? Yes No If so, how long does it last? < 1 hr 1-2 hrs 2-6 hrs 6+ hrs

Does anything alleviate the problem? medication rest stretching heat/cold other: _____

Past Injuries	Right	Left	Running related		Right	Left	Running related
Low back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	compartment syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iliotibial band syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	achilles tendonitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	plantar fasciitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shin splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Current medications: aspirin advil/motrin/ibuprofen tylenol bronchodilators
 vitamin D calcium others: _____

Training

Years running _____ How would you classify your level of running? recreational competitive

Volume: _____ miles/week _____ days/week _____ months/year Pace: _____ min/mile

Speed work: yes no Hill Repeats: yes no Warm-up: Yes No Cool-down: Yes No

Stretching: before run After run throughout day none

Typical racing distance: 400 meters-3000 meters 5-10k ½ marathon marathon ultra's triathlon other

What foot-strike pattern to you use? rearfoot midfoot forefoot unsure

Footwear

Shoe/brand model: _____ Shoe age: _____ months Are your shoes comfortable? yes no

Orthotic/insert? Yes No If yes: custom over the counter Heel Lift: right left none

Running Motivation and Goals

What is the primary reason you run? general fitness weight control stress control social reasons competition

What are your running goals? Check all that apply.

continue at current level increase running to higher level

compete in specific race distance: _____ date: _____

other: _____