

RUNNER ASSESSMENT FORM

Name _____ AGE/SEX _____ WEIGHT _____ HEIGHT _____

Address: _____

Email: _____ Phone: _____

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, how does pain change while running?** Increases Decreases

Do you have pain after running? Yes No **If so, how long does it exist?** < 1 hr 1-2 hr 2-6 hr 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				Compartment syndrome			
ITB syndrome				Achilles tendonitis			
Knee pain				Plantar fasciitis			
Stress fractures				Other			
Shin Splints							

TRAINING

Years of running _____ **Level Of Running :** Recreational Competitive

Volume: _____ km/week _____ days/week _____ months/year **Pace:** _____

Hill repeats: Yes No **Warm up :** Yes No **Cool Down:** Yes No **Stretching:** Before run After run

Typical racing distance: 5-10k ½ Marathon Marathon Ultradistance Triathlon Other

What foot strike pattern do you use? Rearfoot Midfoot Forefoot Uncertain

FOOTWEAR

Shoe Brand/Model: _____ **Shoe age:** _____ months **Are your shoes comfortable? :** Yes No

Orthotic insert: _____ km/week _____ days/week _____ months/year **Pace:** _____

Orthotic insert: Yes No **If yes:** Custom Over the counter **Heel Lift:** Right Left None

RUNNING MOTIVATION & GOALS

What is the primary reason you run? : General Fitness Weight Control Stress Control Competition

What are your running goals? [Check all that apply]

Continuing at current level Increasing running to higher level Compete in specific race(distance) : _____

ANALYSIS PARAMETERS

RECORDED CADENCE: _____

RECORDED SPEED: _____