

# RUNNER ASSESSMENT FORM

Name \_\_\_\_\_ AGE/SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

## 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:** \_\_\_\_\_