

ATHLETE QUESTIONNAIRE: In order to help us plan a fitness/athletic program for you, it is necessary to evaluate some of your health and lifestyle history, as well as your present running fitness. Please answer to the best of your ability. Your information will be kept confidential and used only in helping make recommendations for a fitness program.

Name _____ Date _____

Age _____ Sex _____ Height _____ Weight _____

Email: _____ Phone: _____

Mailing Address _____

Emergency Contact (Name and Phone): _____

Current State of Health: _____

Medications: _____

If currently sick or injured, describe difficulty and date of onset: _____

Health Risks (i.e.: family history, chronic disease, etc): _____

Running Interest (check all that apply):

Fitness and Fun ☐ Recreational or Social Racing ☐ Training for Multi-Sport ☐ Racing for Improved Performance ☐ Racing for Awards (overall, age group, Boston Qualifying, etc) ☐

How Long Have You Been Running: _____

Would you consider yourself a Novice _____ or Experienced Runner? _____

Running Racing Experience: None: _____ Novice: _____ Experienced: _____

How Many Miles Per Week Have You Averaged Over the Past Three Months: _____

Have you ever done "speed" workouts, interval training, or "effort sessions: Y _____ N _____

Comments and details:

Recent or Chronic Running Injuries:

Describe any problem with previous training or racing:

Most recent racing results, include distance, pace/time, and date:

Describe your current training goals – what are you trying to accomplish and by when?

Running Personal Bests:

Distance	Time	Year
Mile/1500		
5k		
10k		
Half-Marathon		
Marathon		
Other		
Other		

Additional comments or concerns: