



# Runner Questionnaire

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**Podiatry:**

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**Physical Therapy:**

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**Massage Therapy:** tbd

**Running Coaches:**

Betty Holston Smith

([drbettys@aol.com](mailto:drbettys@aol.com)) (USATF cert.)

Keith Evans([evans@umbc.edu](mailto:evans@umbc.edu))

Julie Sapper and Lisa Reichmann

([JulieandLisa@runfartherandfaster.com](mailto:JulieandLisa@runfartherandfaster.com))

\*All coaches RRCA certified

**Shoe Specialists:**

Kelly Scherf: [kscherf@gmail.com](mailto:kscherf@gmail.com); 301-881-0021

Reu Scherf: [reuscherf@gmail.com](mailto:reuscherf@gmail.com)

Ray Chen: [luv2eat@gmail.com](mailto:luv2eat@gmail.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medical History:**

Diabetes, Heart Disease, Hypertension, Asthma/Exercise induced Asthma, Arthritis, Joint Injuries,

Other: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Running History:** Years running \_\_\_\_\_

Avg. miles/week (for last 2 months) \_\_\_\_\_

Longest run in past month \_\_\_\_\_ Speed work: yes/no \_\_\_\_\_

Average no. of consecutive days run in past month \_\_\_\_\_

Cross training/Weight training: yes/no \_\_\_\_\_

**Previous Best Times:**

5K: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

10K: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

½ Marathon: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

Full Marathon: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

Short term goals: \_\_\_\_\_

Long term goals: \_\_\_\_\_

**Recent Best Times:**

5K: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

5K: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

½ Marathon: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

Full Marathon: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

Current running shoe: (make & model) \_\_\_\_\_

Why used: \_\_\_\_\_

Wear Prescription Orthotics? Yes/No: \_\_\_\_\_ How long? \_\_\_\_\_

Other shoe modifications: \_\_\_\_\_

**Chief Concerns/Injuries**

Exact

Pain: \_\_\_\_\_ Location: \_\_\_\_\_

Onset/duration: \_\_\_\_\_ Aggravated by: \_\_\_\_\_

**Treatment:**

**Circle:** Medicine? Rest? Physical Therapy? Other: \_\_\_\_\_

Podiatrist/Orthopedic evaluation? If so, when: \_\_\_\_\_

**What do you want to learn from our experts? Please Check**

Cross training \_\_\_\_\_

Racing Strategy \_\_\_\_\_

Weight training \_\_\_\_\_

Best Running shoes/equipment \_\_\_\_\_

Injury Prevention \_\_\_\_\_

Foot deformities \_\_\_\_\_

Nutrition \_\_\_\_\_: weight loss/ gain for optimal performance, vegetarian/ vegan ideas, pre-fuel/ timing/ recovery options, fluid needs.

I consent to evaluation by the volunteer staff present. I agree to run at my own risk and will not hold MCCRR, ProAction Physical Therapy, Racquet & Jog, Inc., Georgetown Sports Massage, Foot & Ankle Specialists of the Mid-Atlantic, or any employees or staff liable for any accident or injury. I also understand this brief screening is not intended to replace a more thorough in-depth evaluation by my own doctor, therapist, or coach with whom I should follow-up as necessary. I do not object to having the details of my evaluation or my photograph published in a professional publication or website for the intent of educating and helping other runners.

**NAME: (print)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_