**ATHLETE QUESTIONNAIRE:** In order for me to 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 your personalized fitness program.

| Name      |              |                      |                     | Date  |                    |  |
|-----------|--------------|----------------------|---------------------|---|--------------------|--|
| Age       | Sex          | Height               | Weight              | Email   |                    |  |
| Mailing A | Address      |                      |                     |   |                    |  |
|           |              |                      |                     | Phone:  |                    |  |
| Emergen   | icy Contact  | (Name and Phon       | e)                  |   |                    |  |
| Running   | Interest ( y | es or no that app    | ly):                |   |                    |  |
|           |              |                      |                     | Training for Multi-Sport<br>rall, age group, Boston Qualify |                    |  |
| How long  | g have you   | been running?        |                     |   |                    |  |
| Would ye  | ou considei  | r yourself a Novic   | eor Exp             | erienced Runner?  |                    |  |
| Running   | Racing Exp   | erience: None:       | Novice:             | Experienced:  |                    |  |
| Average   | weekly mil   | eage during the la   | ast 4-6 weeks       |   |                    |  |
| Average   | long run in  | the last 4-6 week    | s                   |   |                    |  |
| How mai   | ny days per  | week you usually     | y run               |   |                    |  |
| Have you  | u ever done  | e speed workouts     | ,interval training, | or effort sessions: YN                                      |                    |  |
|           |              |                      |                     | so how frequently? (If you tak                              | e a class at a gym |  |
| Do you d  | lo core or s | trength training v   | vorkouts? (How o    | ften and please describe it)                                |                    |  |
| Previous  | running inj  | juries in the last 2 | -3 years            |   |                    |  |

Present running injuries (date, length of training missed, amount of pain)

| Describe any problems 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:   |
| Mile  |
| 5K  |
| 10K   |
| Half Marathon   |
| Marathon  |
| Other   |
| Did I miss anything? (Additional comments or concerns)                                |
|   |
|   |
|   |