The Run Garden Pre Questionnaire

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| Name | Date of Birth Age |
| Mailing Address | Phone (if under 18, list a parent’s as well) |
| Email Address | Preferred method of communication |
| Current Occupation | Do you sit a lot at your occupation? |
| Why did you start running/Why do you want to start? | Which of the following is a reason you run?Fitness/Health/Get or Stay in ShapeSocial/RecreationCompetitive Nature |
| What type of runner would you consider yourself? Novice (New) Intermediate Experienced | What are your hobbies/interests besides running? |
| How long have you been a runner? | How many days a week do you run? |
| How many miles a week have you been averaging? | Do you do any additional cross training (biking, swimming, weights, etc.)? |
| Have you ever done "Speed" workouts, interval training, or effort sessions? | Do you have a gym membership?If not, would you be willing to get a membership? |
| Any current injuries/pains?If so, what hurts, and how long has it hurt? | Any Past running injuries? |
| Do you have any general health issues I should know about: (if yes, we’ll discuss later) | What shoes do you currently run in? |
| Do you run with at GPS device? If so, what brand? | If not, how do you track your running? |
| Racing Experience - List the races you've completed in the last six (6) months. Include the name, distance, completion time, and date of each race (or rough estimate).  | Personal Bests -List your best performances at applicable distances (mile or 1600, 5k, 10k, Half, Full marathon). Include the name, distance, completion time, and date of each race (or rough estimate). |
| List your running and racing goals (future races, dates, and goal times)……Within the next year | List your running and racing goals (future races, dates, and goal times)……Down the road goals |
| Describe any previous problems with racing or training that you've had. | Is there a type of training/workout you feel has worked for you in the past? |
| What do you hope to get out of this assessment? Improved Running Efficiency/Performance, Injury Rehabilitation, Injury Prevention, Identification/Correction of Muscle Imbalances, Training advice, Get Faster (circle all that apply) | In your own words, why are you seeking to be personally coached? |
| How did you hear about The Run Garden? | Did someone refer you to The Run Garden? If so, please provide their name. |

Please list any other questions, comments, or concerns that you have.