oregon running clinic

Running Evaluation Form

Name: _____ **Email:** _____

Age: _____ **Height:** _____ **Weight:**_____

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, what happens to the pain while running?** [ ] increases [ ] decreases

Do you have pain *after* running? [ ] Yes [ ] No **If so, how long does it last?** [ ] < 1 hr [ ] 1-2 hrs [ ] 2-6 hrs [ ] 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	[ ]	[ ]	[ ]
Iliotibial band syndrome	[ ]	[ ]	[ ]	achilles tendonitis	[ ]	[ ]	[ ]
Knee pain	[ ]	[ ]	[ ]	plantar fasciitis	[ ]	[ ]	[ ]
Stress fracture	[ ]	[ ]	[ ]	other	[ ]	[ ]	[ ]
Shin splints	[ ]	[ ]	[ ]				

Current medications: [ ] aspirin [ ] advil/motrin/ibuprofen [ ] tylenol [ ] bronchodilators

[ ] vitamin D [ ] calcium [ ] others: _____

Training

Years running _____ **How would you classify your level of running?** [ ] recreational [ ] competitive

Volume:_____miles/week _____days/week _____months/year **Pace:** _____min/mile

Speed work: [ ] yes [ ] no **Hill Repeats:** [ ] yes [ ] no **Warm-up:** [ ] Yes [ ] No **Cool-down:** [ ] Yes [ ] No

Stretching: [ ] before run [ ] After run [ ] throughout day [ ] none

Typical racing distance: [ ] 400 meters-3000 meters [ ] 5-10k [ ] ½ marathon [ ] marathon [ ]ultra's [ ] triathalon [ ] other

What foot-strike pattern to you use? [ ] rearfoot [ ] midfoot [ ] forefoot [ ] unsure

Footwear

Shoe/brand model: _____ **Shoe age:** _____ months **Are your shoes comfortable?** [ ] yes [ ] no

Orthotic/insert? [ ] Yes [ ] No If yes: [ ] custom [ ] over the counter **Heel Lift**: [ ] right [ ] left [ ] none

Running Motivation and Goals

What is the primary reason you run? [ ] general fitness [ ] weight control [ ] stress control [ ] social reasons [ ] competition

What are your running goals? Check all that apply.

[ ] continue at current level [ ] increase running to higher level

[ ] compete in specific race distance: _____ date: _____

[ ] other: _____