



# EVALUATION FORM

**Name :** .....

**Date :** ..... **Date of birth :** .....

**Age :** ..... **Sex M/F :** ..... **Height :** .....

Date of injury: ..... Occupation: .....

Time between injury and first visit: .....

**Do you currently have running injuries? Y / N**

If yes, briefly describe how they occurred.

.....  
.....

Previous treatments for this injury.

.....  
.....

**Surgeries (orthopedic or otherwise relevant)**

.....  
.....

Medications (list)

.....  
.....  
.....

Allergies

.....

Number of years / months running: .....

.....



**CROSS TRAINING: METHODS (CIRCLE) AND FREQUENCY (TIMES/WEEK)**

<u>Method</u>	<u>Frequency</u>
Bike	.....
Cross trainer / stepper	.....
Rowing	.....
Pilates	.....
Kettlebells	.....
Yoga	.....
Swimming	.....
Stairs	.....
Circuit Training	.....
Weight training	.....
Bootcamp	.....
Other (specify)	.....

Stretching (circle):    daily    3 - 5 x/week    1 - 2 x/week    never

Do you stretch before you run?    Y / N    If yes, dynamically or statically

Do you stretch after you run?    Y / N    If yes, dynamically or statically

Do you warm up before you run?    Y / N

Do you cool down after your run?    Y / N

Do you go to a running store to have your shoes fitted? Y / N

If yes, where .....

Do you buy your shoes off the shelf? Y / N

If yes, where .....

How long have you been running in your present shoes? .....

What are you presently feeling:  completely healthy

 fatigued

 injured



**Are you wanting to improve your running performance? Y/N**

Past running injuries (list) and year

- 1). .....
- 2). .....
- 3). .....
- 4). .....

Medical problems (list) e.g. diabetes, cardiac problems, arthritis etc.

.....

.....

.....

Past musculoskeletal injuries not related to running (not surgical)

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.....

.....

**History of:**

Stress fracture	Y / N
Steroid use	Y / N
Eating Disorder	Y / N

**Female History:** Regular periods Y / N

How many periods in the last year? .....

Age of first period .....

Date of last period .....

Pregnant Y / N





**Please list and describe your perceived strengths and weaknesses**

1) Strengths

.....  
.....  
.....

2) Areas needing improvement (I.e. your challenges)

.....  
.....  
.....

**Recent changes in you training? Y / N explain**

- increased km

.....

- New shoes or inserts

.....

- Speed work or track work

.....





- Hill training

.....

- Change in terrain / surface

.....

**When you run, where do symptoms occur? (circle)**

-  Every step of the run
-  Worse towards the end of the run
-  Worse at the start, then improves
-  Only after the run ends

A) within a few hours.      B) next day



**When you run, where do symptoms occur? (circle) cont.**

👟 Rate your pain during the run out of 10 point scale at best ..... at worst .....

👟 Do you have pain with the cross training? Y/N

👟 if so, with which type? .....

**Do any of your pairs of shoes make your injury / pain better or worse?**

.....  
.....  
.....

**Races run in last six months (dates and kilometers (km) run and time:**

.....  
.....

Are you in training for a race? Y/N

If yes, race and date:

.....

What distances do you normally race at? .....

**What are your goals? e.g. improve aerobic capacity and fitness, reduce excess body fat, more systemic training program, nutritional advice, race faster, other.**

Short term (less than 3 months)

.....  
.....  
.....

Long term (greater than 3 months)

.....  
.....  
.....



**What are your goals? cont.**

Are you following a plan, if so from whom / where?

.....  
 .....  
 .....

Do you ever train on a treadmill? Y/ N

If yes, what percentage of your training? .....

**Do you do any strength training? (Weights or any form of resistance exercise?)**

Daily      3 - 5 x / week    1 - 2 x / week    Never

Approximately how many hours a week do you exercise? .....

**What is your recent best? (If you cannot accurately estimate, leave blank)**

3km: .....	time: .....	year: .....
5km: .....	time: .....	year: .....
8km: .....	time: .....	year: .....
10km: .....	time: .....	year: .....
Half marathon (21.1km): .....	time: .....	year: .....
32km: .....	time: .....	year: .....
Full marathon (42.2km): .....	time: .....	year: .....
Comrades marathon: .....	time: .....	year: .....
Two oceans (56km): .....	time: .....	year: .....

Have u ever run a marathon? Y/N

If so, how many? .....

Have you ever run Comrades? Y/ N

Is so, how many? .....

What is your resting heart rate? (Pulse on awakening before u get out of bed?) .....

Do you train with a heart rate monitor? Y/ N

Do you know your maximal heart rate? BMP (Beats per minute) .....

Do you know your percentage body fat? .....

What is your perceived current level of fitness? i.e. 0 = unfit to 10 = most fit .....



**Running interests (check all that apply)**

- fitness
- Recreational and social
- multi sport
- racing for improved performance
- racing for awards

**What type of runner do you consider yourself?**

Beginner    Intermediate    Advanced    Competitive

**Race experience (circle one)**

None    Novice    Experienced

**How do you train? Check all that apply**

- slow distance
- long fast distance
- fartlek (speed play)
- interval workouts
- tempo workout
- sprinting
- striding
- running drills
- plyometrics
- Easy days trained easy (low intensity training)
- Hard days trained hard (high intensity training)
- Combined easy days training (low intensity training mixed with more moderate intensity training)
- Combined hard days training (high intensity training mixed with moderate intensity training)

**Have you heard of 80/20 training? Y / N**

i.e. 80% of running is at low intensity measured by time and 20% at high (polarized training) or moderate high intensity measured by time

**Specific hill training**

- Uphill
- Downhill