Running History Form



Name:								
Date:				. =				
				-				
Running mileage/week prior to injury		1-10	10-20	20-40	40-60	60-80	100+	
to injury Number of months running		0-3	3-6	6-12	12-24	2-5 years	5-10 years	10+ year
Most miles run at one time		0-2	2-4	4-6	6-10	10-20	20+	
Number of marathons run		0	1	2	3-5	6-10	11-20	20+
Best time for marathon		10k	<u> </u>	5	K			
Time goal for upcoming	g race							
Do you stretch? A. no		B. before run			C. after run		D. both	
Minutes of stretching? A. 0		B. 1-5			C. 5-10		D. 11-15	E. 15-
Running surface:	red road D. gravel/	ad B. sidewalk C. grass gravel/dirt E. track F.				mill		
Do you eat a balanced of	liet:	Yes/No	How	many hours	do you sleep	p at night?		
Previous running injurice Shoes: Type: Circle the appropriate research Activity Status: a. I am pain in the status is a second of the status in the status in the status is a second of the status in the status i	sponse for	r each item:	Date	Changed:]	Do you have	orthotics?	
b. I have pain after activity.								
	c. I have pain during activity.							
	d. I have pain during and after activity but a m able to maintain my usual distance.e. My distance is compromised by pain.							
2		promised by self imposed						
b. all of my rc. most but nd. a few of me. hardly any	arry out: normal ho normal ho ot all of r ny normal of my no y normal	ome mainten ome mainten my normal h home main ormal home	ance tasks w	rithout diffic rith some dif- nance tasks of s due to incre tasks due to	ulty. ficulty. due to increa eased sympto	ymptoms	ns.	
Mark your overall func		tus on the li	ne below:					
0%		20%	40%		60%	80%	100	%
completely disa	bled						completely n	ormal
Patient Signature:				Da	te:	Time	:	

545690 2/17 Assessment/Questionnaire **RUNNING HISTORY FORM** Original: Medical Record