Name _____ Date _____

# Running History Form

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Running mileage/week prior to injury | 1-10 | 10-20 | 20-40 | 40-60 | 60-80 | 100+ | |
| Number of months running | 0-3 | 3-6 | 6-12 | 12-24 | 2-5 years | 5-10 years | 10+ years |
| 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 _____ 5K _____

Time goal for upcoming 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: A. paved road B. sidewalk C. grass D. gravel/dirt E. track F. treadmill

Do you eat a balanced diet: Yes/No How many hours do you sleep at night? _____

Briefly summarize your training philosophy: _____
Previous running injuries:_____
Shoes: Type:_____ Mileage:_____ Date Changed:_____ Do you have orthotics?_____

Circle the appropriate response for each item:

**Activity Status**:

a. I am pain free with activity.
b. I have pain after activity.
c. I have pain during activity.
d. I have pain during and after activity but am able to maintain my usual distance.
e. My distance is compromised by pain.
f. I am unable to run, self imposed rest.

**Home Maintenance (includes housework, cleaning, lawn care, laundry, etc.)**
I am presently able to carry out:

a. all of my normal home maintenance tasks without difficulty.
b. all of my normal home maintenance tasks with some difficulty.
c. most but not all of my normal home maintenance tasks due to increased symptoms.
d. a few of my normal home maintenance tasks due to increased symptoms.
e. hardly any of my normal home maintenance tasks due to increased symptoms
f. none of my normal home maintenance tasks due to increased symptoms.

**Overall Functional Status**
Mark your overall functional status on the line below:

0% 20% 40% 60% 80% 100%

_____

completely disabled completely normal