Name: _____

Date: _____

Running Injury Questionnaire

How many years have you been running? _____

How many miles per week do you average? _____

How many times per week do you run? _____

How many miles is your longest run during the week currently? _____

What pace (min/mile) do you average in your workouts?_____

How do you train? Please check all that apply:

long slow distance   long fast distance   Fartlek   intervals   sprint training   other:_____

What type of terrain do you usually run on? Please check all that apply:

grass   dirt   concrete   asphalt   sand   artificial track   hilly   flat

Do you regularly run on any canted surfaces (e.g. paved trail/beach)?_____

What type of runner do you consider yourself? Please check one:

beginning   intermediate   advanced   competitive

What goals have you set for yourself in running?_____

How often do you race?_____

What distances do you normally race at?_____

What model of running shoes do you wear for training?_____ For racing?_____

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

Do you wear any of the following in your running shoes? Please check any that apply:

Varus Wedge   orthotics   arch supports   other:_____

Do any of your pairs of shoes make your injury/pain better or worse? Please describe:_____

_____

Do you stretch before you run?   Y   N   Do you stretch after you run?   Y   N

Do you warm up before you run?   Y   N   Do you warm down after you run?   Y   N

Do you supplement your running program with muscle strengthening exercises? _____

Are you presently feeling: completely healthy   fatigued   injured

Did you modify your training/racing schedule prior to your injury?   Y   N

If so, please describe:

_____

_____

Did you run a particularly hard race or hard workout immediately prior to your injury?   Y   N

If so, please describe:

_____

_____

Did you switch to another pair of running shoes prior to your injury?_____

Did you alter your footgear in any way prior to this injury?_____

Was there any direct trauma associated with your injury?_____

Did you have another injury or any discomfort in our feet or legs prior to your injury that you tried to train through?

_____

_____

Have you ever been treated by a sports medicine specialist?   Y   N

If so, by whom?_____

For what problem?_____