



**MARATHON
LEADERSHIP**



COACHING QUESTIONNAIRE

To help me plan an effective training program for you, it is necessary to evaluate your health and lifestyle history – as well as your present state of fitness. Therefore, the following questions need to be answered to the best of your ability. This information will be used only in making recommendations for your training program and will be kept strictly confidential.

Personal Information

Name _____ Date _____

Age _____

Sex _____

Height _____

Weight _____

Resting HR _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail Address _____

Personal Medical Information

1. Please list any over-the-counter and prescription medications you are currently taking.

Personal Medical Information (Continued)

2. Have you ever been diagnosed as having any of the following conditions?

- Cancer (If so, please specify what kind.) _____
- Heart Problems
- Hepatitis
- High Blood Pressure
- Asthma
- Stroke or Transient Ischemic Attack
- Anemia
- Thyroid Problems
- Diabetes
- Allergies
- Arthritis (Rheumatoid, Osteoarthritis – Please specify.) _____
- Eating Disorder (Anorexia, Bulimia)
- Depression
- Other (Please be specific.) _____

3. Has anyone in your immediate family (parents, brothers, sisters) ever been treated for the following?
Please check all that apply.

- Diabetes
- Heart Disease
- High Blood Pressure
- Stroke or Transient Ischemic Attack
- Cancer
- Anemia
- Arthritis

4. Are you currently injured or recovering from an injury? No _____ Yes _____
If you checked "Yes" please complete the following:

Injury (Please include the specific diagnosis if you know it.)

Personal Medical Information (Continued)

Approximate Date of Onset

Current or Previous Treatment Regime (Physical Therapy? Massage? Ice/Heat?)

5. Any previous significant injuries? No _____ Yes _____
If you checked "Yes" please complete the following:

Injuries, Dates, Previous Treatments

Running History

1. How long have you been running? _____

2. How would you classify your racing experience? None _____ Beginner _____ Experienced _____

3. Have you run any races in the past 6 months? No _____ Yes _____
If you checked "Yes" please fill in your finish time on whatever distance(s) you ran:

5K _____ 10K _____ Half Marathon _____

Marathon _____ Other Distance (Please specify.) _____

Running History (Continued)

4. Please list your Personal Bests (Fastest Times)

Distance	Pace or Time	Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. What are your running interests? (Please check all that apply.)

Fitness and Fun

Recreational or Social Racing

Racing for Improved Performance

Racing for Age Group or Overall Awards

6. What are your running and racing goals? (Please include specific dates, distances, and time goals.)

7. Have you had problems in the past with your training and/or racing? No _____ Yes _____
If you checked "Yes" please describe those problems:

8. Why do you want personal coaching?

Running History (Continued)

9. Have you had prior experience with team or individual coaching? No _____ Yes _____
If you answered "Yes" please describe it – including the negative and positive aspects of it.

10. What type of running shoes do you wear?

Manufacturer _____

Model _____

Age or Miles _____

11. Did you complete a gait analysis to be fitted for this type of shoe? No _____ Yes _____

12. Do you engage in any other sports or exercise besides running? No _____ Yes _____
If you answered "Yes" please describe it.

13. Any additional comments or concerns you'd like to share?

Recent Training

Describe your most recent four weeks of training in detail. List the miles or time spent running, your pace or heart rate, the surface or terrain (track, hills, trails, bark chip path) and any other sports or exercise you did (weights, cycling, swimming...).

Example:

4 mi in 34:00
Rolling Roads
Stretching
20:00 Weights

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Last Week							
2 Weeks Ago							
3 Weeks Ago							
4 Weeks Ago							

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