

605 Running Co. Private Coaching Services Initial Training Questionnaire

Athlete Questionnaire: In order to assist us in best coaching you, it is necessary to obtain a history of your fitness, health, and medical background in addition to getting more background on your training history, goals, and running experience. Please answer the following questions to the best of your ability. All information will be kept confidential within the 605 Running Co. Private Coaching Staff and assist us in creating and implementing your training plan.

Name: _____ **Date:** _____

Age: _____ **Gender:** _____ **Height:** _____ **Weight:** _____

Email: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact (Name and Phone): _____

Any Current Medical Conditions/Medications That We Need to be Aware Of:

Have You Had Any Recent or Chronic Injuries: _____

How Long Have You Been Running: _____

Would You Consider Yourself a Novice or Experienced Runner: _____

Are You an Experienced Racer: _____

How Many Mile Per Week Have You Averaged Over the Past:

-1 Month: _____ **-3 Months:** _____ **-6 Months:** _____

Have You Ever Done Speed Workouts Before: _____

-If Yes, Explain What Types of Workouts: _____

Describe Any Previous Problems with Training or Racing: _____

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What Are Your Current Training/Racing Goals (Short Term and Long Term):

What Races Do You Want to Run During This Training Cycle:

What Are Your Goals for Those Races:

How Many Days Per Week Can You Train:

How Many Hours Per Day Can You Train:

If Necessary Are You Able To Do Two-A-Day Workouts:

What Equipment Do You Have Available for Training (i.e. Gym Membership, Treadmill, Medicine Ball, etc):

Do You Have Any Training Limitations (Crazy Work Schedule, Family Commitments, etc...):

Personal Best Times:

Distance	All-Time Personal Best		Last 2 Years Personal Best	
	Time	Year	Time	Year
1,500m/Mile				
3k				
5k				
10k				
10 Mile				
Half Marathon				
Marathon				
Other:				