



QUESTIONNAIRE:

Please complete this form to enable us to start gathering data so we can assess your history and lifestyle so we support you better going forward. Thank you.

YOUR DETAILS

NAME	
DATE OF BIRTH	
ADDRESS	
EMAIL	
PHONE	

LIFESTYLE

SINGLE	MARRIED	CHILDREN	OTHER		
OCCUPATION		HOURS		IS IT ACTIVE	
OTHER COMMITMENTS					
OTHER SPORTS					
WHAT TYPE OF AREA DO YOU LIVE (TOWN, RURAL ETC)					
ARE YOU A MEMBER OF ANY SPORTS CLUBS					
DO YOU HAVE A CAR					
HOW DO YOU COMMUTE TO WORK			HOW FAR AWAR IS IT ROUGHLY		
HAVE YOU EVER WALKED, CYCLED OR RAN TO WORK					
HEIGHT	WEIGHT		YOUR IDEAL WEIGHT IF DIFFERENT		

TRAINING ENABLERS

DO YOU HAVE A LOCAL ATHLETICS TRACK
IF NOT A MEMBER OF A CLUB, ARE THERE ANY NEAR BY
IF YES HAVE YOU TRIED THEM / ARE THEY ANY GOOD
WHAT TYPE OF TERRAIN DO YOU TRAIN ON NEAR HOME

ARE THERE MANY ROUTES TO CHOOSE FROM

DO YOU LIKE TO RACE

DO YOU HAVE A GPS WATCH

DO YOU HAVE A HEART RATE MONITOR WATCH

DO YOU LOG YOUR TRAINING HOW

DO YOU HAVE A SCHEDULE WHERE IS IT FROM

CURRENT RUNNING

HOW LONG HAVE YOU BEEN RUNNING

HAVE YOU BEEN TRAINING FAIRLY CONSISTENTLY IN LAST 2 YEARS

HOW MANY TIMES PER WEEK ON AVERAGE HAVE YOU TRAINED IN THE LAST YEAR

WHAT WOULD A TYPICAL WEEK LOOK LIKE IN TERMS OF ANY SPORTING ACTIVITY? PLEASE PUT TYPE OF SESSION IF POSSIBLE I.E. 5K EASY RUN or INTERVALS 5x1K

MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY

PERSONAL BEST TIMES (IF YOU HAVE ONE)	IN LAST 12 MONTHS	EVER & YEAR
5K		
10K		
10 MILE		
HALF MARATHON		
MARATHON		

WHAT IS YOUR FAVOURITE DISTANCE

WHAT IS YOU AVERAGE WEEKLY MILEAGE

DO YOU HAVE ANY INJURIES

DO YOU HAVE ANY INJURIES THAT TEND TO COME BACK

GIVEN YOUR CURRENT AVERAGE SCHEDULE HOW MUCH TIME AND HOW MANY SESSIONS DO YOU THINK YOU WOULD WANT TO DO IF DIFFERENT

WHAT IS YOUR MAIN MOTIVATION FOR RUNNING

IF YOU HAD TO PICK ONE BIG GOAL AT THIS STAGE WHAT WOULD IT BE

WHAT IS THE MAIN THING YOU ARE LOOKING FOR IN A COACH

DO YOU EVER DO ANY OF THE FOLLOWING

CORE STRENGTHENING

GYM WORK

SPORTS MASSAGE

YOGA

PILATES

OTHER SIMILAR

DETAILS

SHOES

WHAT SHOES DO YOU NORMALLY WEAR

DO YOU WEAR RACERS / LIGHTWEIGHTS

DO YOU WEAR STRUCTURED OR NEUTRAL SHOES GENERALLY

HAVE YOU HAD YOUR GAIT ANALYSIS DONE

NUTRITION

DO YOU MONITOR YOUR DAILY CALORIE INTAKE

DO YOU MAKE SURE YOU TAKE IN ENOUGH CARBS TO FUEL YOUR TRAINING

DO YOU EAT PROTEIN TO HELP RECOVERY

DO YOU MAINTAIN A GOOD LEVEL OF HYDRATION

DO YOU USE ANY ENERGY BARS / DRINKS

DO YOU USE GELS IN TRAINING RUNS OR RACES

WHAT ARE SOME EXAMPLES OF REGULAR EVENING MEALS

DO YOU DRINK MUCH ALCOHOL

DO YOU HAVE MUCH JUNK FOOD OR TAKE AWAYS

ARE YOU VEGETARIAN OR VEGAN