

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_

## HISTORY

Why do you want your running technique to be evaluated?

If you think you are having problems, how would you describe those problems?

How often do you run? \_\_\_\_\_

How far do you typically run at one time? \_\_\_\_\_

How far do you run over the course of a week? \_\_\_\_\_

Do you run:  Alone  With Someone Else  With Group

What kind of terrain do you run on?  Asphalt/Street  Gravel/Trail  Dirt  Track  Hills  Flat  Treadmill  
 Other: \_\_\_\_\_

Do you run in any races?  Yes  No

If so, what type(s) do you participate in (check all that apply)?

- |                                        |                                                          |
|----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Walk Only     | <input type="checkbox"/> Biathlon (Bike and Run)         |
| <input type="checkbox"/> 5K            | <input type="checkbox"/> Triathlon (Swim, Bike, and Run) |
| <input type="checkbox"/> 10K           | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Half Marathon | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Marathon      | <input type="checkbox"/> Other: _____                    |

## TYPES OF SHOES

List below the shoes you run in:

When do you use these shoes?

_____	<input type="checkbox"/> Short Distance	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Short Distance	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Short Distance	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Short Distance	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Other: _____

What is your goal(s) of having your running evaluated?

- |                                                              |
|--------------------------------------------------------------|
| <input type="checkbox"/> Reduced pain                        |
| <input type="checkbox"/> Faster times                        |
| <input type="checkbox"/> Ability to run for longer distances |
| <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Other: _____                        |

Anything else you want your physical therapist to know? \_\_\_\_\_

Instructions: Fill out and fax to **913-768-8118** if you're scheduled at The Rehab Place at Santa Fe Commons  
fax to **913-768-1584** if you're scheduled at The Rehab Place in the Southpark Medical Plaza



**Olathe Medical Center**  
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### RUNNING SMART INTAKE QUESTIONNAIRE

Page 1 of 1

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