



## Coach Jessica Belen-Rivera

**ATHLETE QUESTIONNAIRE:** In order to help us plan a fitness/athletic program for you, it is necessary to evaluate some of your health and lifestyle history, as well as your present running fitness. Please answer to the best of your ability. Your information will be kept confidential and used only in helping make recommendations for a fitness program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact (Name and Phone): \_\_\_\_\_

Current State of Health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Running Interest (check all that apply):

- Fitness and Fun  Recreational or Social Racing  Training for Multi-Sport  Racing for Improved Performance   
Racing for Awards (overall, age group, Boston Qualifying, etc.)

How long have you been running?: \_\_\_\_\_

Running racing experience: None: \_\_\_\_\_ Novice: \_\_\_\_\_ Experienced: \_\_\_\_\_

How many miles per week have you averaged over the past three months?: \_\_\_\_\_

Have you ever done "speed" workouts, interval training, or "effort sessions?": Y \_\_\_\_\_ N \_\_\_\_\_

What if any other exercise do you get (aerobic, strength, flexibility)?

Recent or Chronic Running Injuries:

Describe any problem with previous training or racing:

Most recent racing results, include distance, pace/time, and date:

Describe your current training goals - what are you trying to accomplish and by when?

What are your best times for:

Distance	Time	Year
Mile/ 1500		
5k		
10k		
Half-Marathon		
Marathon		
Other		
Other		

Additional comments or concerns: