



BOX 100, FREEBURG, PENNSYLVANIA 17827 USA
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To assist me in helping you to reach your goals, I need to assess your current level of fitness and evaluate your history. Please complete the following questionnaire / profile and return it to me. (If you do not know, or do not wish to provide an answer, just leave it blank. All information will be kept confidential.)

DATE: ____ / ____ / ____

PART 1: CONTACT INFORMATION -

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____

ZIP CODE/ POSTAL CODE: _____

COUNTRY: _____

TELEPHONE NUMBER: _____

HOME PHONE / WORK PHONE / CELL PHONE

FAX NUMBER: _____

E-MAIL ADDRESS: _____

I prefer to be contacted by:

TELEPHONE / EMAIL / FAX / MAIL

BEST TIME(S) TO REACH ME IS: _____

PART 2: PHYSICAL PROFILE -

AGE: _____ DATE OF BIRTH: ____ / ____ / ____

(M/D/Y)

SEX: MALE / FEMALE

HEIGHT (in inches): _____ WEIGHT (in lbs.): _____

DO YOU KNOW YOUR BMI (Body Mass Index) OR CURRENT PERCENTAGE OF BODY FAT? YES: _____ / NO

CURRENT PRIMARY SPORT: RUNNING / WALKING /

MULTI-SPORT / OTHER

IF OTHER, LIST ACTIVITY/ACTIVITIES: _____

DO YOU DO SPEED TRAINING?: YES / NO

IF YES, HOW OFTEN: _____

DO YOU CROSS-TRAIN?: YES / NO

IF YES, WHAT TYPE OF CROSS-TRAINING DO YOU DO?:

HOW OFTEN DO YOU DO THIS ACTIVITY?: _____

DO YOU DO ANY STRENGTH TRAINING?: YES / NO

IF YES, HOW OFTEN: _____

DO YOU STRETCH REGULARLY?: YES / NO

IF YES, BEFORE EXERCISE, AFTER, OR BOTH

HOW WOULD YOU RATE YOUR CURRENT FITNESS LEVEL ?

PEAK / GOOD / AVERAGE / FAIR / POOR

DESCRIBE YOUR CURRENT DIETARY HABITS (DO YOU

EAT MOSTLY HEALTHY FOODS, OR DO YOU EAT A

LOT OF FAST FOOD AND/OR JUNK FOOD?): _____

ARE YOU WILLING TO MAKE NUTRITIONAL CHANGES

IF NECESSARY? YES / NO

DO YOU TAKE ANY VITAMINS OR SUPPLEMENTS?

YES / NO

IF YES, WHAT DO YOU TAKE? _____

OTHER COMMENTS: _____

PART 3: MEDICAL HISTORY -

LIST ANY HEALTH-RELATED PROBLEMS: _____

LIST ANY RECENT ILLNESSES: _____

LIST ANY RECENT INJURIES: _____

KNOWN CONDITIONS (CHRONIC INJURIES, SURGERIES):

ARE YOU CURRENTLY BEING TREATED FOR, OR TAKING

ANY MEDICATION FOR A CONDITION? YES / NO

WHO IS YOUR DOCTOR/PRACTITIONER? _____

LIST ANY MEDICAL RESTRICTIONS: _____

PART 4: RUNNING HISTORY -

(If you're not a runner, skip this next section and complete Part 5.)

HOW LONG HAVE YOU BEEN RUNNING?: _____

MILES / KILOMETERS RUN PER WEEK (average): _____

AVERAGE MI. / KM. OF LONGEST WEEKLY RUN: _____

APPROXIMATE NUMBER OF HOURS SPENT PER WEEK: _____

USUAL RUNNING SURFACE: ROADS / TRAILS /

TRACK / TREADMILL / OTHER: _____

TIME OF DAY YOU PREFER TO EXERCISE OR TRAIN: _____

FAVORITE BRAND(S) OF RUNNING SHOES: _____

FAVORITE MODEL(S) OF RUNNING SHOES: _____

HOW OFTEN DO YOU REPLACE YOUR SHOES?: _____

WHERE DO YOU USUALLY PURCHASE SHOES?: _____

NUMBER OF RACES PER YEAR (approximate): _____

FAVORITE RACING DISTANCE: _____

LONGEST RACE DISTANCE: _____ YEAR: _____

SHORTEST RACE DISTANCE: _____ YEAR: _____

MOST RECENT RACE DISTANCE: _____ TIME: _____

PRs (Personal Records) FOR:

1 MILE: _____ YEAR: _____

5k: _____ YEAR: _____

8k / 5Mi.: _____ YEAR: _____

10k: _____ YEAR: _____

10 Mi.: _____ YEAR: _____

1/2 MARATHON: _____ YEAR: _____

MARATHON: _____ YEAR: _____

OTHER: _____

DISTANCE: _____ TIME: _____ YEAR: _____

PART 5: GOALS -

This section is very important. I need you to tell me about your short and long term goals. (For example: start a running program, set a new PR, run a marathon, qualify for Boston, get over a current injury, increase max VO2, etc. If you have multiple goals, please list them in order of importance. Be as specific as possible.)

SHORT TERM GOAL(S) (within the next few weeks or months): _____

LONG TERM GOAL(S) (within the next year or two):

WAIVER: I assume all responsibility for the risks associated with acceptance of my application. I certify I am physically fit and able to participate in strenuous physical activity and have not been advised otherwise by a qualified medical professional. I hereby waive any and all claims or causes of action I may now or in the future have against Mark Sullivan or against any other person associated in any manner with iRuniCoach.com.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

If you have any questions about my coaching or eCoaching services, please feel free to call me at (570) 374-7585 or you can email me at "mark@iRuniCoach.com"

Thank you for putting your trust in me. I look forward to reviewing this profile. I will get back to you with my recommendations.

Mark Sullivan

You can return this questionnaire by mail to:

MARK SULLIVAN
iRuniCoach.com
BOX 100
FREEBURG, PA 17827