Personal Inventory Form

Please answer the following questions as completely as possible. All information is voluntary and personal information will be kept strictly confidential.

Name: ____Date of Birth:__________Age:_____

Medical Background

Are you currently under the care of a physician? Yes☐ No☐ If yes, please explain:

Please list any medications you are currently taking:

Name of Medication	Purpose for taking
_______________________	_______________________________________
_______________________	_______________________________________
_______________________	_______________________________________

Have you had a complete physical in the past year? Yes☐ No☐

Smoking history (please select one choice):
- ☐ Currently Smoke
- ☐ Quit less than one year ago
- ☐ Quit over one year ago
- ☐ Never smoked

Please check all of the following that apply to you. Please explain in the space provided or attach a separate sheet.
- ☐ Have you or anyone in your family had coronary artery disease?
- ☐ Have you ever fainted or felt dizzy after exercise?
- ☐ Has a doctor ever said that your blood pressure is too high?
- ☐ Do you have heart trouble, a heart murmur or have you had a heart attack?
- ☐ Do you have diabetes, thyroid condition or any other chronic condition?
- ☐ Are you now or have you been pregnant during the last three months?

Please explain any answers you marked with a yes:

____

____

Do you have any conditions that you or your doctor says may limit your physical activity? Yes☐ No☐

If yes, please explain:

Please list (**including dates**) any current and past injuries/conditions that have limited your physical activity.

Injury/condition:_____________________________________ Date: _______
Injury/condition:_____________________________________ Date: _______

<u>Fitness Background</u>

Please circle one:
I have been Running   Run/Walk   Walking

For how many Months_____ and/or Years____ consistently.

What is the approximate length (in miles or minutes) of the ***longest*** runs/walks for each of the last six weeks? ☐Miles ☐Minutes (please check one)

Week 1: ☐ Week 2: ☐ Week 3: ☐ Week 4: ☐ Week 5: ☐ Week 6: ☐

How many days per weeks do you *run, run/*walk *or walk* (circle mode)? ___________________

Please list any other activities you ***currently*** engage in (i.e. strength training, aerobics, other sports, etc.):
Activity: _________________________________Minutes/day: ☐ Frequency (# of times/week): ☐
Activity: _________________________________Minutes/day: ☐ Frequency (# of times/week): ☐

What is your ***Primary*** training goal for this training program? (You may rank multiple goals: 1=Primary)
☐ Finish the race
☐ Improve my race time
☐ Improve level of fitness
☐ Maintain current level of fitness
☐ Weight Loss / Fat Reduction
☐ Have fun
☐ Meet people
☐ To learn about Living a Healthy Lifestyle
Other:____

Distance Training Group Questions ONLY

What is the approximate length of your longest runs over the last six weeks? _______________

How many days per week do you usually run? ________________________

What is your typical long run training pace: __________ min/mile (i.e. 10 min/mile).

Have you done any track workouts in the past? Yes   No €

How many of the following distances have you completed and what is your personal best time and date for each?

	# Completed	Most Recent Time	Date of Most Recent Time	Best time	Date of Best Time
5K					
10K					
½ Marathon					
Marathon					

Please let us know of any other information you feel would be important for us to know regarding your fitness or health background.

Thank you!!!!