

Running Assessment



Client Name	
Date of Assessment	

What is your current training volume and routine? Time, Distance, Intensity, Type

What is your current average km per week?

What are your stretching and recovery habits?

What shoes do you currently run in? Brand, model, age, wear pattern

Do you wear Ortotics? ☐ No ☐ Yes

GOALS

What are your current running goals?

Goals for after running assessment?
