

## Questionnaire for FIRST e-Coaching Lifestyle and Training History

Please complete the questionnaire to the best of your knowledge. Taking the time to provide as accurate answers as possible will result in a more successful training program. All responses will be held in the strictest of confidence.

### I. Personal Information

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ yrs. Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ inches

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Occupation: \_\_\_\_\_

Approximately how many hours do you work a week? \_\_\_\_\_ hrs.

Emergency Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

Physician Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

### II. Medical Background:

- Are you currently under physician's care?  Yes  No \_\_\_\_\_
- Please list any medications you are presently taking: \_\_\_\_\_
- Do you have diabetes?  Yes  No \_\_\_\_\_
- Have you ever had a stroke?  Yes  No \_\_\_\_\_
- Has your doctor ever said you have heart trouble?  Yes  No \_\_\_\_\_
- Do you take asthma medication?  Yes  No \_\_\_\_\_
- Are you, or do you have any reason to believe, you may be pregnant?  Yes  No \_\_\_\_\_
- Is there any other physical reason that prevents you from participating in an exercise program (e.g. cancer, osteoporosis, severe arthritis, mental illness, thyroid, kidney, or liver disease)?  Yes  No \_\_\_\_\_
- Has your doctor ever told you that you have a heart murmur?  Yes  No \_\_\_\_\_

**III. Current Fitness**

Height (inches): \_\_\_\_\_

Weight (pounds) \_\_\_\_\_

What do you consider to be your ideal running weight? \_\_\_\_\_

If known, Maximal Heart Rate: \_\_\_\_\_ bpm Method: \_\_\_\_\_

If known, VO<sub>2</sub> MAX: \_\_\_\_\_ ml/kg/min Method: \_\_\_\_\_

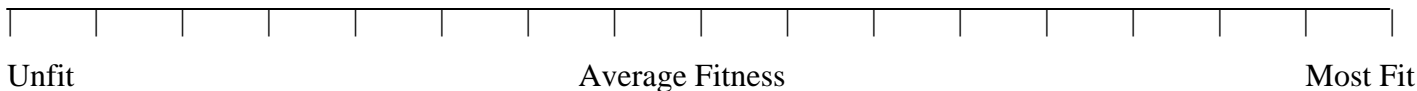
If known, Lactate Threshold: \_\_\_\_\_ Method: \_\_\_\_\_

If known, percent body fat: \_\_\_\_\_ % Method: \_\_\_\_\_

Do you monitor your morning heart rate?  Yes  No if "yes," please describe \_\_\_\_\_

Do you train with a heart rate monitor?  Yes  No \_\_\_\_\_

Please indicate on the scale your **perceived** current level of fitness



Please describe your previous training and racing (years, races, etc.)

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**IV. Current Running**

Have you ever done a 5K race?  Yes  No If "yes," recent race & time \_\_\_\_\_

Have you ever done a 8K race?  Yes  No If "yes," recent race & time \_\_\_\_\_

Have you ever done a 5 mile race?  Yes  No If "yes," recent race & time \_\_\_\_\_

Have you ever done a 10K race?  Yes  No If "yes," recent race & time \_\_\_\_\_

Have you ever done a 10 mile race?  Yes  No If "yes," recent race & time \_\_\_\_\_

Have you ever done a half - marathon?  Yes  No If "yes," recent race & time \_\_\_\_\_

Have you ever done a marathon?  Yes  No If "yes," recent race & time \_\_\_\_\_

Do you do any other exercise?  Yes  No \_\_\_\_\_

Do you have/use a heart rate monitor?  Yes  No \_\_\_\_\_

Do you have any current physical injuries?  Yes  No \_\_\_\_\_

**V. Current Training**

Please describe your **current** exercise/training program. Try to give an example of a **typical** week (not an ideal or best training week). Please provide as much detail as possible. Indicate time, distance, effort, etc.

| Day      | Activity | Distance | Time | Effort | Comments |
|----------|----------|----------|------|--------|----------|
| Monday   |          |          |      |        |          |
|          |          |          |      |        |          |
| Tuesday  |          |          |      |        |          |
|          |          |          |      |        |          |
| Wed.     |          |          |      |        |          |
|          |          |          |      |        |          |
| Thurs    |          |          |      |        |          |
|          |          |          |      |        |          |
| Friday   |          |          |      |        |          |
|          |          |          |      |        |          |
| Saturday |          |          |      |        |          |
|          |          |          |      |        |          |
| Sunday   |          |          |      |        |          |
|          |          |          |      |        |          |

Approximately how many hours a week do you exercise? \_\_\_\_\_

How often do you take a day off from training? \_\_\_\_\_

**VI. Goals**

General goals with FIRST.

- \_\_\_\_\_ Improve aerobic capacity and fitness
- \_\_\_\_\_ Reduce excess body fat
- \_\_\_\_\_ More systematic training program
- \_\_\_\_\_ Nutritional advice
- \_\_\_\_\_ Race faster
- \_\_\_\_\_ \_\_\_\_\_

Do you have any specific goals (races, events)?

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Please list and describe your perceived strengths and weaknesses

Strengths

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Areas needing Improvement

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Please return this form to

FIRST  
Department of Health and Exercise Science  
Furman University  
3300 Poinsett  
Greenville, South Carolina 29613.

**TRAINING PROGRAM WAIVER: All FIRST runners must print, read, sign, and return. Please read carefully before signing this acknowledgement, waiver and release from liability.**

I acknowledge that training for and/or participating in a running event (training session or race) is strenuous and potentially hazardous and that such training and/or participation poses potential risks of serious bodily injury, death, or property damage. I should not run and participate in such a program unless I am physically able and properly trained.

I have provided the Furman Institute of Running and Scientific Training (FIRST) with information which in any way relates to or that could affect my physical health and attest that I am in good health and my physical condition has been verified by a licensed medical doctor.

I assume all risks associated with running in such a program including, but not limited to, injuries, falls, weather conditions and the hazards of running on roads and trails without traffic control. I certify that I am physically fit and have sufficiently trained for participation in this program and have not been advised otherwise by a qualified medical professional.

I hereby waive any and all claims or causes of action that I may now or in the future have against the FIRST Training Program (the "Program"), or against William Pierce, Ray Moss, Scott Murr, Kenneth McCauley or against any other FIRST staff assisting or associated with the Program in any manner whatsoever, where such claim or cause of action has arisen or may arise in any manner whatsoever out of my participation in the Program. I hereby release FIRST and all such persons from any and all claims, causes of action, or liabilities that have arisen or may arise out of my participation in the Program. I agree to abide by the decisions and recommendations of the FIRST staff relative to my ability and safety.

Furthermore, in return for my participation in this program, I on behalf of myself and my heirs or executors I hereby:

**WAIVE, RELEASE, and DISCHARGE** Furman University, its officers, directors, administrators, employees, consultants, coaches and agents from any claims, costs or liabilities for personal injury, illness, death or damages of any kind which I may have now, or at any time in the future, resulting from participation in this or any other program;

**AGREE NOT TO SUE** any of the persons or entities mentioned above for any claims, costs or liabilities that I have waived, released or discharged herein;

**INDEMNIFY, DEFEND, and HOLD HARMLESS**, the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

By my signature below I acknowledge that I have read and understand this waiver and release.

FIRST Client PRINTED Name \_\_\_\_\_

FIRST Client Signature \_\_\_\_\_ Date \_\_\_\_\_

FIRST Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent if Runner is under 18 years of age)

WITNESS Signature \_\_\_\_\_ Date \_\_\_\_\_