



Run Well Intake Form

Thank you for choosing Stride Physio for your running analysis! We look forward to helping you understand a bit more about your mechanics to move you toward your goals. To best aid you in this journey, it's very helpful to know a bit about you as a runner:

Name: _____

Date: _____

1. What prompted you to seek this running gait analysis?
2. What outcome or goals do you hope to achieve with this analysis?
3. Briefly describe your running history: when did you start, how long running, average miles per week, past races, team running, coaching, breaks from running, what motivates you to run, etc:
4. Briefly describe any history of injury related to or affecting your running:
5. Do any of these injuries still affect you?
6. Have you been to PT in the past, and if so, what for?
7. What shoes do you typically train in?
8. What shoes do you typically race in?
9. Do you wear orthotics or over the counter shoe inserts?

10. What is your current weekly mileage and number of day per week you run?

11. What is your current long run distance if any?

12. Do you currently have a training program and if so, which one do you use?

13. What are your short term running goals or upcoming races?

14. What are your long term running goals?

15. Do you have any other questions or things you want to make sure that we review today?

Client Checklist:

- Running shoes – the ones you typically train in!
- A shirt that can be tucked in.
 - o Sports bras for women or shirtless for men are ideal, but we can absolutely complete the analysis with a shirt on if desired.
- Shorts or half tights that are a different color than your shirt
- Bring this form and the UWRI Survey

If you have any additional questions prior to your appointment, please feel free to call or text us at (206) 547-7445. We are looking forward to meeting you and helping you on your journey to efficient and injury free miles!

Client Signature

Date

University of Wisconsin Running Injury and Recovery Index (UWRI)

Instructions: Consider your current running injury over the **past 7 days** when answering each question. Check (☒) the appropriate box.

1. How does your running injury impact your ability to perform daily activities?	<input type="checkbox"/> No impact	<input type="checkbox"/> Slightly impact	<input type="checkbox"/> Moderately impact	<input type="checkbox"/> Significantly impact	<input type="checkbox"/> Unable to perform
2. How frustrated are you by your running injury?	<input type="checkbox"/> Not frustrated	<input type="checkbox"/> Mildly frustrated	<input type="checkbox"/> Moderately frustrated	<input type="checkbox"/> Significantly frustrated	<input type="checkbox"/> Extremely frustrated
3. How much recovery have you made from your running injury?	<input type="checkbox"/> Complete recovery	<input type="checkbox"/> Significant recovery	<input type="checkbox"/> Moderate recovery	<input type="checkbox"/> Minimal recovery	<input type="checkbox"/> No recovery
4. How much pain do you experience while running?	<input type="checkbox"/> No pain	<input type="checkbox"/> Minimal pain	<input type="checkbox"/> Moderate pain	<input type="checkbox"/> Significant pain	<input type="checkbox"/> Unable to run
5. How much pain do you experience during the 24 hours following a run?	<input type="checkbox"/> No pain	<input type="checkbox"/> Minimal pain	<input type="checkbox"/> Moderate pain	<input type="checkbox"/> Significant pain	<input type="checkbox"/> Unable to run
6. How has your weekly mileage or weekly running time changed as a result of your injury?	<input type="checkbox"/> Same or greater than before my injury	<input type="checkbox"/> Minimally reduced	<input type="checkbox"/> Moderately reduced	<input type="checkbox"/> Significantly reduced	<input type="checkbox"/> Unable to run
7. How has the distance of your longest weekly run changed as a result of your injury?	<input type="checkbox"/> Same or longer than before my injury	<input type="checkbox"/> Minimally reduced	<input type="checkbox"/> Moderately reduced	<input type="checkbox"/> Significantly reduced	<input type="checkbox"/> Unable to run
8. How has your running pace or speed changed as a result of your injury?	<input type="checkbox"/> Same or faster than before my injury	<input type="checkbox"/> Minimally reduced	<input type="checkbox"/> Moderately reduced	<input type="checkbox"/> Significantly reduced	<input type="checkbox"/> Unable to run
9. How does your injury affect your confidence to increase the duration or intensity of your running?	<input type="checkbox"/> Confident to increase my running	<input type="checkbox"/> If I increase I might be fine	<input type="checkbox"/> Neutral	<input type="checkbox"/> If I increase I might get worse	<input type="checkbox"/> I cannot increase my running

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SCORE

Scoring Key:	4	3	2	1	0
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