

Healthy Runner Project

Name: _____

Chronological age: _____ Training Age: _____

Do you take a vitamin each day: _____ Brand: _____

Do you take a zinc tablet or lozenge each day: _____ Daily dosage: _____

Have you ever had a broken bone: _____ Reason: _____

Did you play youth basketball: _____ Ages: _____

Did you ever swim in a youth club: _____ Ages: _____

Do you now bike or Nordic ski in a club: _____ How often: _____

What time do you regularly go to bed each night: _____

What time do you regularly get up each day: _____

Estimate how long it takes you to fall asleep each night: _____

How many weeks during the past year have you trained more than 40 miles: _____

How many colds have you had during the past year: _____

Has your iron been tested: _____ Recent values: _____

Do you eat red meat: _____ How many portions per week? _____

Do you consume sport drinks: _____ How much each day: _____

Do you consume milk: _____ How much each day: _____ Before bed: _____

Do you carry a water bottle regularly; _____ How often do you fill it each day: _____

Record the time you go to bed and wake up for the next five nights:

In the space below (and on to the back of this sheet if needed) please record everything that you eat and the time you ate it for the next 5 days:

Day 1:

Day 2:

Day 3:

Day 4:

Day 5: