

# Sparking Life Colorado

## We want to get to know YOU!

We are committed to providing you with the best experience possible, so we welcome your input. Please take a few minutes to fill out this new runner questionnaire.

Name: \_\_\_\_\_ Why do you want to be part of this group? \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone/mail: \_\_\_\_\_

Have you run before?

1    2    3    4    5

Never

Regularly

What's your current physical activity level?

1    2    3    4    5

Minimal

Exceptional

Do you need running gear?

Shoes?  Yes |  No

Hat/gloves?  Yes |  No

Other?  Yes |  No

What are your running goals? ...

Fitness?  Yes |  No

Flexibility?  Yes |  No

Weight Loss?  Yes |  No

Complete a certain distance?  Yes |  No

Help with mood and/or anxiety?  Yes |  No

Help with addiction?  Yes |  No

Stress management?  Yes |  No

Other (please share)?  Yes |  No

Do you have any health concerns?

Do you have a preferred gender for coach?

Female    Male    No preference

Is there a time of day you prefer to run/workout?

Day Preference?

Morning    Lunchtime    Evening    No   Pref    M    Tu    W    Th    F    Sat    Sun