

Injury Risk Screening Checklist for Runners

RUNNER INFORMATION

Name: Age: Weekly
Running Distance (km):

MEDICAL HISTORY

☐ Previous running-related injuries ☐ Previous lower limb surgery ☐ Chronic conditions (e.g., diabetes, arthritis)

TRAINING HABITS

☐ Increased training volume rapidly in past 4 weeks ☐ Runs without rest days ☐ Always runs on same surface (e.g., only concrete)

FOOTWEAR

☐ Runs in shoes older than 1 year / 800 km ☐ Unsure if shoes appropriate for foot type

PAIN OR DISCOMFORT

☐ Current pain during/after running ☐ Swelling, redness, or stiffness in lower limbs

OTHER CONCERNS / NOTES