

# Outdoor Training Client Questionnaire

To accompany the Pre-exercise Screening Questionnaire

Your name \_\_\_\_\_ Today's date \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone number \_\_\_\_\_

## What do you like?

Tick ✓ the outdoor environments that you prefer to train in and cross ✗ the ones you wish to avoid.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Parks (trees and grass) | <input type="checkbox"/> Beach – grassed areas      | <input type="checkbox"/> Beach – sand and water        |
| <input type="checkbox"/> Sporting fields         | <input type="checkbox"/> Near rivers/lakes/harbours | <input type="checkbox"/> Countryside/national parks    |
| <input type="checkbox"/> Bushland/forests        | <input type="checkbox"/> Urban (buildings/roads)    | <input type="checkbox"/> Other – please describe below |
- 

Tick ✓ your preferred training surface and cross ✗ the ones you wish to avoid?

- |                                |   |  |                               |
|--------------------------------|---|--|-------------------------------|
| <input type="checkbox"/> Grass | <input type="checkbox"/> Paved surfaces (paths) | <input type="checkbox"/> Concrete surfaces | <input type="checkbox"/> Sand |
|--------------------------------|---|--|-------------------------------|

Tick ✓ how you would prefer to participate in outdoor personal training.

- |                                     |  |                                       |                                       |
|-------------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> With one other client | <input type="checkbox"/> Small groups | <input type="checkbox"/> Large groups |
|-------------------------------------|--|---------------------------------------|---------------------------------------|

What times would you prefer to train outdoors? (please tick)

- |  |                                      |                                     |                                    |   |
|--|--------------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Early morning | <input type="checkbox"/> Mid morning | <input type="checkbox"/> Lunch-time | <input type="checkbox"/> Afternoon | <input type="checkbox"/> After work/evening |
|--|--------------------------------------|-------------------------------------|------------------------------------|---|

What are the benefits of the outdoor training environment for you?

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What activities do you like to do outdoors that could be used in your training sessions?

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## You and the Great Outdoors

Do you have any concerns or phobias about training in the outdoor environment?

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Do you or have you experienced any of the following:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Allergies to grass/pollen/pollution                | <input type="checkbox"/> Reaction to insect bites                 | <input type="checkbox"/> Heat exhaustion/stroke |
| <input type="checkbox"/> Stress incontinence in activities such as jumping? | <input type="checkbox"/> Anxiety about exercising in public areas |   |

Are there any other conditions which may be reason to modify your exercise program?

If yes, please describe \_\_\_\_\_

I understand that this questionnaire is to be completed in conjunction with a Pre-Exercise Questionnaire.

Signature: \_\_\_\_\_ (Guardian/parent to sign if under 18 years of age)

Full name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_ Signature of Trainer: \_\_\_\_\_