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.

☐ Parks (trees and grass) ☐ Beach – grassed areas ☐ Beach – sand and water
☐ Sporting fields ☐ Near rivers/lakes/harbours ☐ Countryside/national parks
☐ Bushland/forests ☐ Urban (buildings/roads) ☐ Other – please describe below

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

☐ Grass ☐ Paved surfaces (paths) ☐ Concrete surfaces ☐ Sand

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

☐ One-on-one ☐ With one other client ☐ Small groups ☐ Large groups

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

☐ Early morning ☐ Mid morning ☐ Lunch-time ☐ Afternoon ☐ After work/evening

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

________________________________________________________________________

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

________________________________________________________________________

You and the Great Outdoors

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

________________________________________________________________________

Do you or have you experienced any of the following:

☐ Allergies to grass/pollen/pollution ☐ Reaction to insect bites ☐ Heat exhaustion/stroke
☐ Stress incontinence in activities such as jumping? ☐ 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: __________________________