



SCREENING QUESTIONNAIRE

Name:

Address:

Occupation:

Email Address:

Phone Number:

Age:

Sex: M F

1. Golf information (Please Tick)

- Professional Golfer
- Amateur Golfer
- Weekend Golfer
- Golf playing time
- Handicap

2. What do you hope to achieve from your Golf and exercise program:

- Increase distance
- Increase accuracy
- Decrease risk of injury
- Management of existing injury
- Reduce body fat
- Improve aerobic capacity (heart/lung fitness)
- Gain overall fitness
- Reduce stress
- Other _____

3. Have you been exercising regularly?

YES/NO

If you have been exercising regularly please give details below:

- Type of exercise: _____
- Frequency of exercise and times per week: _____
- Perceived intensity
 - Hard
 - Medium
 - Light
 - Very Light

4. Have you any injuries?

- Back
- Shoulders
- Knees
- Others

5. Lifestyle and medical considerations.

- Are you taking any prescribed medication? YES/NO
- Are you currently carrying an injury? YES/NO
- Have you suffered or do suffer from back pain? YES/NO
- Do you smoke more than 2 cigarettes a day? YES/NO
- Are you pregnant? YES/NO
- Are you a non-exercising male over 35 or female over 45? YES/NO
- Do you know your blood pressure? YES/NO
- If yes, what is it? _____
- Do you suffer from asthma attacks? YES/NO
- Do you suffer from diabetes? YES/NO
- Has anyone in your family under the age of 60 suffered
- Heart disease? YES/NO

6. Do you suffer from?

- Gout
- Stroke
- Asthma
- Epilepsy
- Hernia
- Glandular fever
- Rheumatic fever
- Dizziness or fainting
- Stomach or duodenal ulcer
- Liver or kidney problems
- Any heart condition
- Heart murmur
- High blood pressure more than 140/90
- Chest pain
- Raised cholesterol

7. How did you hear about EGFA

- Internet
- Golf Coach
- Magazine
- PGA

8. What aspects of EGFA are you interested in?

- Stroke correction
- Fitness Programming
- Seminars
- Coaching courses
- Stay play Packages
- Winter golf camps

Sign :

Date:

THANK YOU
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