



GOLF AND HEALTH SURVEY

Name: _____

Address: _____

Phone numbers: _____

Email Address: _____

Age: _____

Occupation: _____

Married Partner Single

Hobbies or Sports: _____

Please circle the appropriate answer to the following questions or fill in where required.

1. Do you play golf regularly? Yes / No / Never Played before
2. Are you a member of a golf club? Yes / No
3. If you have played golf before what is your handicap? _____
4. What handicap do you want to achieve? _____
5. Do you want regular lessons? _____
6. What areas of your golf game would you like to improve? (eg, I slice the ball).

7. Is your golf equipment suitable for you? Yes / No / Not Sure
8. Do you want to update your golf equipment? Yes / No
9. Do you have any injuries or health conditions that affect you game? Yes / No
If Yes please explain (eg, back pain).

10. Do you consider yourself in shape to play golf? Yes / No
11. Are you aware that your body type and posture can affect your golf game? Yes / No
Would you like more information about this? Yes / No
12. Would you like your posture and physical condition assessed to help your golf? Yes / No
13. Would you like information about health and fitness for golf, nutrition for golf and mental training for golf? Yes / No