

## Pre-assessment questionnaire

Name: \_\_\_\_\_

Date of birth : \_\_\_\_\_

Address : \_\_\_\_\_

Occupation : \_\_\_\_\_

|  |  |
|--|--|
| Years climbing   |  |
| Other sports (past/present)                                      |  |
| Strengths or preferences (types of moves, types de holds, etc..) |  |
| Weaknesses or dislikes   |  |
| Performance level? (onsight / redpoint)                          |  |
| Frequency and length of sessions/training                        |  |
| Recent changes to training                                       |  |

### **Injuries or pain**

|                           |   |
|---------------------------|---|
| Actual injury :           | Previous injuries that required treatment : |
| Date of origin :          |   |
| What increases your pain? |   |
| What decreases your pain? |   |

### **General health**

- Allergies
- Know medical conditions
- Medication
- Falls/traumas

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Other symptoms**

- Numbness, tingling sensations
- Migraines/headaches
- Dizziness, nausea
- Insomnia
- Anxiety or stress
- General fatigue / energy decrease
- Spasms and muscular cramps
- Involuntary leakages
- Menstrual cycle related pain
- Digestion problems, acid reflux