

## HEALTH & LIFESTYLE QUESTIONNAIRE

To assist in the allocation of participants into syndicates of compatible levels of fitness and competence in order to maximise the experience gained by each participant on the course, ALL PARTICIPANTS are required to complete the following questionnaire. Failure to do so will invalidate the participant's application.

All information is strictly confidential. Please answer the questionnaire honestly.

Return the questionnaire to:  
National Emergency Services  
P.O. Box 21  
EAST DEVONPORT  
Tas. 7310

Questionnaires must be received one month before the course commences

Name	Address
Town	Postcode
Home Phone	Work Phone
Fax	Email
Age	Occupation

### **A: PHYSICAL ACTIVITY**

1. Please describe in detail the range of physical activities that you undertake in your normal day to day work?


2. How much do you exercise on a regular basis?

- (a) Very active most days
- (b) Very active once or twice a week
- (c) Not very active
- (d) Inactive

3. What form does your exercise take? (please tick)

running	orienteering	golf
swimming	bushwalking	nordic skiing
cycling	rock climbing	alpine skiing
squash	canoeing/kayaking	yoga
team sport (please state)		
other (please state)		

4. How many cigarettes do you smoke a day?
  - (a) Non smoker
  - (b) 15/day or less
  - (c) Over 15/day
  
5. Is your body weight:
  - (a) Below average (for your height)
  - (b) Average
  - (c) Slightly above average
  - (d) Significantly above average
  
6. Have you carried a pack on an overnight walk before?
  - (a) Yes
  - (b) No
  
7. Would carrying a 25 kg pack for 5 days in mountainous terrain in winter be:
  - (a) Easy
  - (b) Moderate
  - (c) Difficult
  - (d) Very difficult
  
8. How would you rate your overall fitness?
  - (a) Excellent
  - (b) Good
  - (c) Satisfactory
  - (d) Fair
  - (e) Poor

## B: MOUNTAINCRAFT EXPERIENCE

1. List any bushwalking or mountaineering training courses you have attended.

<u>Course Name</u>	<u>Date</u>	<u>Organisation</u>	<u>Completed Y/N</u>

2. List experience in outdoor recreation activities other than bushwalking. eg. ski touring, rock climbing.


3. During the past 12 months, how many of the following types of trips have you completed?

<u>Type of Trip</u>	<u>Alpine Areas</u>	<u>Low Level Areas</u>
<u>Day Walk</u>		
<u>2-3 Days</u>		
<u>Extended</u>		

4. Have you camped in the snow before?

- (a) Yes  
(b) No

5. For each of the following general bushwalking skills and knowledge indicate your competence level:

<u>Skills</u>	<u>Poor</u>	<u>Fair</u>	<u>Satisfactory</u>	<u>Good</u>	<u>Excellent</u>
<u>Map/Compass</u>					
<u>Trip Planning</u>					
<u>Food</u>					
<u>Equipment</u>					
<u>Clothing</u>					
<u>Campcraft</u>					
<u>Snow Camping</u>					

6. Do you hold a current First Aid Certificate / Paramedical / Medical qualification?

(a) Yes

(b) No

Please describe.


**C: MEDICAL**

1. Do you suffer from any allergies? Yes/No

2. If YES, please give full details, including the type and severity of reaction you experience.


3. List any chronic illness from which you suffer, eg, diabetes, asthma.


4. List any medication currently being taken by you or prescribed for you.


Having reviewed your own fitness, experience, competence and health, at what pace would you see yourself operating in order to get the most out of the Winter Mountaincraft Course?

(a) Easy

(b) Moderate

(c) Intermediate

(d) Advanced

**D: IS THERE ANY OTHER INFORMATION THAT YOU NEED TO DISCLOSE???**


Signed: \_\_\_\_\_

Date: \_\_\_\_\_