



**MOUNTAINEERING PHYSICAL  
ASSESSMENT & BACKCOUNTRY  
READINESS QUESTIONNAIRE**

NOTE: Please complete during initial interview

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

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

Body Weight: \_\_\_\_\_

Body Type: \_\_\_\_\_

Height: \_\_\_\_\_

Max Push Ups: \_\_\_\_\_

Max Pull Ups: \_\_\_\_\_

Max Lunges: \_\_\_\_\_

Max Crunches (1 min): \_\_\_\_\_

1/2 Mile Run (time): \_\_\_\_\_

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# CLIENT INFORMATION QUESTIONNAIRE

*Please complete and return to your Expedition Guide at the beginning of your first scheduled interview.*

All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.

Name:	_____	Date of Birth	___/___/___	Age:	_____
			M D Y		
Address:	_____				
	Street	City	Province	Postal Code	
Phone:	_____	(h)	_____	(o)	_____ (fax)
Email address:	_____				
Occupation:	_____				
Emergency Contact:	_____	Relationship:	_____		
Phone Number:	_____				
Physician's Name:	_____	Physician's Phone:	_____		
Physician's Address:	_____				
	Street	City	State	Zip Code	

**Please provide 48 hours notice if you need to cancel or reschedule your Interview.**

AcadianX Training  
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Expedition Guide:	_____
1 <sup>st</sup> Interview:	_____

**Medical History:**

Please mark YES or No to the following:

YES

NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? \_\_\_\_\_

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness? \_\_\_\_\_

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? \_\_\_\_\_

Are you pregnant now or have given birth within the last 6 months? \_\_\_\_\_

Have you had a recent surgery? \_\_\_\_\_

If you have marked YES to any of the above, please elaborate below:

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Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

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**Lifestyle Related Questions:**

1) Do you smoke? YES NO If yes, how many? \_\_\_\_\_

2) Do you drink alcohol? YES NO If yes, how many glasses per week? \_\_\_\_\_

3) How many hours do you regularly sleep at night? \_\_\_\_\_

4) Describe your job: m Sedentary m Active m Physically Demanding

5) Does your job require travel? YES NO

6) On a scale of 1-10, how would you rate your stress level (1=very low - 10=very high)? \_\_\_\_\_

7) List your 3 biggest sources of stress:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

8) Is anyone in your family overweight? mMother mFather mSibling mGrandparent

9) Were you overweight as a child? YES NO If yes, at what age(s)? \_\_\_\_\_

**Fitness History:**

1) When were you in the best shape of your life? \_\_\_\_\_

2) Have you been exercising consistently for the past 3 months? YES NO

3) When did you first start thinking about getting in shape? \_\_\_\_\_

4) What if anything stopped you in the past? \_\_\_\_\_

5) On a scale of 1-10, how would you rate your present fitness level (1=Worst - 10=Best)? \_\_\_\_\_

## Nutrition Related Questions

- 1) On a scale of 1-10, how would you rate your Nutrition (1=very poor - 10=excellent)? \_\_\_\_\_
- 2) How many times a day do you usually eat (including snacks)? \_\_\_\_\_
- 3) Do you skip meals? YES NO      4) Do you eat breakfast? YES NO
- 5) Do you eat late at night?    m Sometimes    m Often    m Never
- 6) What activities do you engage in while eating? (TV, reading etc) \_\_\_\_\_
- 7) How many glasses of water do you consume daily? \_\_\_\_\_
- 8) Do you feel drops in your energy levels throughout the day? YES NO If yes, when? \_\_\_\_\_
- 9) Do you know how many calories you eat per day? YES NO If yes, how many? \_\_\_\_\_
- 10) Are you currently or have you ever taken a multivitamin or any other food supplements? Y N  
If yes, please list the supplements:

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- 11) At work or school, do you usually: m Eat out m Bring food
- 12) How many times per week do you eat out? \_\_\_\_\_
- 13) Do you do your own grocery shopping? YES NO
- 14) Do you do your own cooking? YES NO
- 15) Besides hunger, what other reason(s) do you eat?  
m Boredom m Social m Stressed m Tired m Depressed m Happy m Nervous
- 16) Do you eat past the point of fullness? m Often m Sometimes m Never
- 17) Do you eat foods high in fat and sugar? m Often m Sometimes m Never
- 18) List 3 areas of your Nutrition you would like to improve:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

## Altitude Related Questions

- 1) Have you ever been at elevation before? YES NO
- 1a) If so when was this? \_\_\_\_\_
- 1b) For how long? \_\_\_\_\_
- 2) Have you ever experienced Altitude or Elevation Sickness? YES NO
- 2a) If so when? \_\_\_\_\_ 2b) At what elevation? \_\_\_\_\_
- 2c) What was the treatment? \_\_\_\_\_

**Exercise Related Questions:** Skip to next section if you are presently inactive.

1) How often do you take part in physical exercise?

5-7x/week      3-4x/week      1-2x/week

2) If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest    Illness/Injury    Lack of Time    Other \_\_\_\_\_

3) How long have you been consistently physically active for? \_\_\_\_\_

4) Please circle all the activities that you engage in:

- |               |                  |             |
|---------------|------------------|-------------|
| Aerobic       | Indoor Cycling   | Snowshoeing |
| Fitness       |                  |             |
| Classes       |                  |             |
| Baseball      | Kayaking         | Soccer      |
| Basketball    | Partner Training | Swimming    |
| Boxing        | Pilates          | Tennis      |
| Cross Country | Private Personal | Triathlon   |
| Skiing        | Training         |             |
| Football      | Racquetball      | Volleyball  |
| Golf          | Rockclimbing     | Walking     |
| Group         | Running          | Wallyball   |
| Personal      |                  |             |
| Training      |                  |             |
| Hiking        | Skiing           | White Water |
|               |                  | Rafting     |
| Ice Skating   | Snowboarding     | Yoga        |

**Developing your Fitness Program:**

1. Please circle how you prefer to exercise:

- a)    INSIDE            OUTSIDE            COMBINATION
- b)    LARGE GROUPS      SMALL GROUPS      ALONE            COMBINATION
- c)    MORNING    AFTERNOON    EVENING

2. Realistically, how often a week would you like to exercise? \_\_\_\_\_x/week

3. Realistically, how much time would you like to spend during each exercise session? \_\_\_\_\_

4. What are the best days during the week for you to commit to your exercise program?

M    T    W    T    F    S    S

5. If you could design your own exercise program, what would an ideal training week look like to you? Please be specific. List your favorite activities, rest days, time spent etc.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

## Goal Setting:

How can your expedition guide help you? Please check that which applies.

Gear Selection     Clothing Selection     Expedition Information (routes, area info, elevation, etc.)  
 Pre Expedition Training     Expedition Tips (layering, packitc. etc.)     Expedition Safety  
 m     m     Fun     Motivation  
Other \_\_\_\_\_

1. Please list in order of priority, your expedition goals you would like to get out of your experience?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. How will you feel once you've achieved these goals? B    cific.

3. Where do you rate fitness in your life?  Low priority     Medium Priority     High priority

4. How committed are you to completing your fitness program?     Very     Semi     Not very

5. What do you think the most important thing your expedition guide can do to help you to complete your training program?

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6. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exerci etc.).

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7. Outline 3 methods that you plan to use to overcome these obstacles:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Experience in Hiking/Camping/Mountaineering Questions:**

1. Have you ever been hiking/mountaineering before?    mYes    mNo

**If yes:**

1a. Longest distance hiked in a single trip? \_\_\_\_\_

1b. Longest distance hiked in a single day? \_\_\_\_\_

1c. Greatest amount of weight carried on a hike? \_\_\_\_\_

1d. How long ago? \_\_\_\_\_

1e. Highest elevation hiked? \_\_\_\_\_

m Location    m Personal Trainers    m Cost    Customer Service    m Word of Mouth    m Programs  
m Other

**Gear Related Questions:**

1. Pack?                    mHave    mNeed

Size: \_\_\_\_\_

Brand: \_\_\_\_\_

Condition: \_\_\_\_\_

2. Tent?                    mHave    mNeed

Season: \_\_\_\_\_

Capacity: \_\_\_\_\_

Condition: \_\_\_\_\_

3. Sleeping Bag?    mHave    mNeed

Size: \_\_\_\_\_

Brand: \_\_\_\_\_

Condition: \_\_\_\_\_

# Readiness

At AcadianX we generally know within a few minutes whether a client will succeed easily or not. If a client accepts our recommendations for a training readiness program, we know we will achieve success easily. If a client begins to make excuses or give reasons they feel they will not be able to adhere to the program, we can generally expect struggles throughout the process. We supply the following questionnaires to clients to help us determine where they are on the readiness scale. If you score low, this may not be the best time for you to initiate a major commitment to this program. It does not mean, however, that you cannot begin an exercise program. You can still initiate the program and start to develop patterns, but you should have lower expectations of yourself, If you score moderately, expect a few struggles on route towards your goals. If you score high, this is the perfect time for you to begin taking action towards your goals.

## Readiness questionnaire I

	Yes	No
1. Do you feel you are at some sort of health risk because of your current behaviors/lifestyle?		
2. Do you feel that committing to this program and completing this expedition will improve your quality of life?		
3. Do you view this training program and expedition as a lifetime goal rather than a short-term temporary goal?		
4. Are you willing to get personally involved in planning a proper training program?		
5. Are you willing to try different approaches?		
6. Do you have the patience to accept success in small increments and deal with possible setbacks?		
7. Are you willing to set realistic goals?		
8. Are you willing to make lifestyle changes?		

*If you answered yes to all these questions, you are ready for action! If you said no to one or more of the questions, you might experience resistance as you begin to initiate many of the actions required to achieve your goals. It may be helpful for you to review what is really important to you and learn more about the negative effects of your current behavior and the benefits of change.*

## Readiness questionnaire II

	1				5
1. Compared to previous attempts, how motivated are you this time to adhere to your training program?	Not at all motivated				Extremely motivated
2. How certain are you that you will stay committed to a training program for the time it will take to begin your expedition?	Not at all certain				Extremely certain
3. Considering all outside factors in your life - work, stress, family obligations etc. - to what extent can you tolerate the effort required to stick to a lifetime training lifestyle?	Cannot tolerate				Can tolerate easily
4. Think honestly about your goals. How realistic are they?	Very unrealistic				Very realistic
5. Do you fantasize about eating a lot of your favorite foods?	Always				Never
6. How confident are you that you can work a regular training program into your daily schedule, starting tomorrow?	Not at all confident				Extremely confident

Score: 6-12: Low motivation    13-25: Moderate motivation    25+: High motivation



**PERSONAL TRAINING PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

1) I, \_\_\_\_\_, Wish to participate in the exercise and training program offered by AcadianX. I understand that there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that AcadianX shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, or on the expedition) and I expressly release and discharge AcadianX, its owners, employees, agents and/or assigns, from all claims, actions, judgments, and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the training program or expedition, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

2) I certify that the answers to the questions outlined in the readiness form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the readiness form. I understand and agree that it is my responsibility to inform my expedition guide of any conditions or changes in my health, now and on-going which might affect my ability to exercise safely as well as participation in the expedition and with minimal risk of injury.

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my expedition guide.

4) I understand the results of any training program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

5) I understand that all training rates are based on monthly sessions (except specialty programs) and should I arrive late, there is no guarantee I will receive a make-up session with my guide. In return, if my expedition guide cannot attend a session, I will still receive the full make-up session. I understand that if I fail to attend that my monthly fee will not be refunded.

6) I understand that AcadianX bills its training program clients on a monthly pre-pay basis. Once my expedition guide and I have decided upon the number of sessions I will purchase, payment must be made before the sessions are conducted. Checks are to be made payable to AcadianX. I understand that all training program sessions are non-transferable and non-refundable. I also understand that all training program sessions must be redeemed within one month of purchase.

7) I understand in order to secure my spot on the expedition that I must put down 20% of the expedition price. The remaining 80% of the expedition price can be paid out in monthly intervals with the full price being fulfilled before the departure of the expedition. If for any reason the you cannot complete full payment or decided not to take the expedition your money will not be refunded. However you can use the balance paid on any future expedition.

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

**PRINTED CLIENT NAME** \_\_\_\_\_ **CLIENT SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_