



Climbing Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30

___UL

1. Kind of Climbing (Check all that apply):

___Mountain

___Rock

___Trail

___Ice

2. Number of Climbs: Last 12 month's _____ 12-48 Months _____ Estimated next 12 months _____

3. Specific Climbing Information:

A. Climbs Last 5 Years:

Ranges Outside 48 Continental States: _____ Date(s) _____

Ranges Inside 48 Continental States: _____ Date(s) _____

B. Climbs Next 12 Months:

Ranges Outside 48 Continental States: _____ Date(s) _____

Ranges Inside 48 Continental States: _____ Date(s) _____

4. Kind of Training and Experience: _____

5. Kind of Equipment Used: _____

6. Club Affiliation: _____

7. What class of climbing do you most often participate in (American Rating System)? _____

8. What is the highest class you have ever participated in?

Class _____ Date: _____