

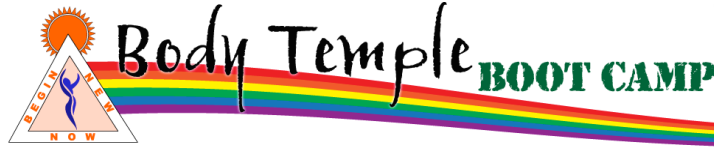
Camper Questionnaire

Confidentiality: *The information you share in the following questionnaire will be used ONLY for your Base Camp participation and will NOT be shared with anyone, ever, without your expressed written permission.*

Name	
Contact Phone Number	
Best Time to Reach	
Gender	
Age	
Where were you born (city/state/country)	
Where do you currently live (city/state/country)	
Single, Married, Divorced, In Relationship	
Children (#, gender, ages)	
Occupation	
Self Employed Y/N	
Height	
Weight:	
Current BMI or Body Fat % if known"	
Your perception of Body Type: (slender, athletic, a few extra pounds, etc.):	

Exercise: History Activities and Habits

Type	When (# years ago or e.g. HS, College, etc.)	Frequency (Times per Week)	Duration (Average Length of each session)	Skill Level (Competitive or Recreation and Advanced, Intermediate or Beginner)
Running				
Cycling				
Walking/Hiking				
Swimming				
Aerobics				
Weight training				
Yoga				
Martial Arts				
Other				



Camper Questionnaire

Current Activities and Habits:

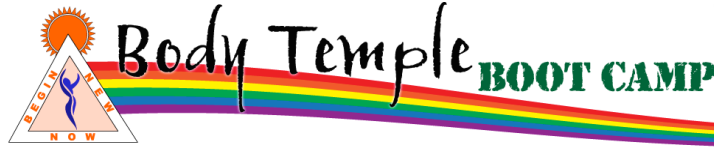
Type	Rank most to least favorite	Frequency (Times per Week)	Duration (average Length of each session)	Skill Level (Competitive or Recreation and Advanced, Intermediate or Beginner)
Running				
Biking				
Walking/Hiking				
Swimming				
Aerobics				
Weight training				
Yoga				
Martial Arts				
Other				

Physical Health and History

Indicate which of the following you have experienced or are currently experiencing:

Heart surgery/disease/attack		Neurological disorder	
Liver disease		Thyroid disease	
Paralysis, stroke		Stomach problem	
Sexually transmitted disease		High blood pressure	
Seizure		Bleeding tendencies	
Diabetes		Visual impairment	
Asthma		Cancer	
Allergies		Severe respiratory problem	
Currently pregnant		Hearing impairment	
Currently nursing		Hepatitis	
Postural or Spinal problems		Severe urinary tract problems	

If you checked any of these conditions, or are experiencing others, please indicate the specific nature here:



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If you have a family history of these conditions, or similar conditions, please indicate the specific nature here:

Surgeries:

Age:	Description:

Describe a Typical Day's Diet

Breakfast	Lunch	Dinner	Snacks (what hour)

Mental / Spiritual / Philosophical

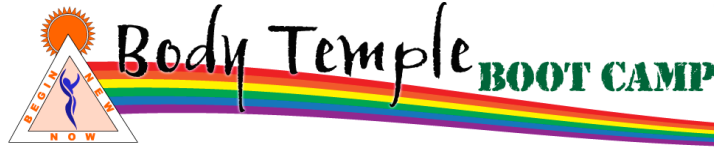
What physical activities or achievements are you most proud of?

What career, family, community activities or achievements are you most proud of?

What are your biggest 'life' concerns or stressors:

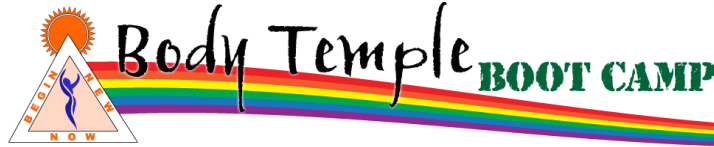
How do you deal with stress?

What do you do for alone time?



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Do you feel you are comfortable with yourself?	
List 3 words that you feel best describe your strengths	
List 3 words that others would say best describes you	
If you could change anything at all about yourself, what would it be?	
What types of books do you enjoy reading?	
Who are the people you admire most? Why?	
Why did you choose Base Camp?	
Were you referred to Base Camp? If so, who?	
What do you want to take home after your experience here?	
Do you feel you are open-minded and willing to put aside your current 'programmed' beliefs to learn and experience new things that could improve your well being?	
Is there anything specifically that you absolutely are not willing to change about your habits or beliefs – regardless of how much it might help you – about diet and exercise?	
What are your specific goals and expectations:	
For your Base Camp Experience	
3 months:	
6 months:	
12 months:	
Please list an emergency contact: Name, Phone Number, Relationship	



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Would you be interested in a follow up program after the camp to continue reinforcing new behaviors and habits?

May we take your picture and use it various website or other promotional pieces?

Do you have any thoughts or concerns about the camp that you would like to discuss?

Please email your completed form to kiebaom@aol.com