

Complete Game Evaluation

What Can a Better Game Do for YOU?

Tom Fielding, Australian PGA Member Teaching Professional

09067091728

tom@tomfieldinggolf.net

www.agolfersguide.net

Contact Information

Name_____

Home Phone_____ Cell Phone_____

E-mail_____

Would you like to sign up for our newsletter? Yes No

Age_____ Occupation/Area of Study_____

Prior Athletic Experiences:_____

Your Game and Goals

Years Playing Golf_____

How often do you play golf?_____

Best score ever_____ Current Handicap_____

Current scoring range (low-high)_____

Golf: Right / Left Handed _____

Dominant Hand: Right / Left_____

Why do you play golf – what do you enjoy about the game, etc.?

What are your golfing goals?

Immediate: This Lesson_____

Short term: Now to 3 months_____

Mid term: 3 to 6 months_____

Long term: 12months_____

Action plan for achieving your goals:

Process Goals?_____

Enabling Goals?_____

What is the difference between a good and bad day on the course (doesn't have to be score related)?_____

What areas of your game do you feel like you need to improve or better understand to improve your score?

Have you taken lessons before? How long ago? Was it a positive or negative experience?_____

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What Can a Better Game Do for YOU? Golf Skills Evaluation

Please rank how confident you feel about the following areas of your game

1=Not Confident 10=Extremely Confident 0 = Don't know

Putting:	1	2	3	4	5	6	7	8	9	10
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Chipping::	1	2	3	4	5	6	7	8	9	10
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Pitching:	1	2	3	4	5	6	7	8	9	10
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Greenside Bunker:	1	2	3	4	5	6	7	8	9	10
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Fairway Bunker:	1	2	3	4	5	6	7	8	9	10
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Short Irons:	1	2	3	4	5	6	7	8	9	10
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Mid Irons:	1	2	3	4	5	6	7	8	9	10
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Long Irons:	1	2	3	4	5	6	7	8	9	10
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Hybrids:	1	2	3	4	5	6	7	8	9	10
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Fwy Woods:	1	2	3	4	5	6	7	8	9	10
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Driver:	1	2	3	4	5	6	7	8	9	10
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Typical Missed Shot (circle all that apply):	Pull	Push	Slice	Hook	Duff/ Fat shot	Thin shot / Topped shot / Home run
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Practice

How often do you currently practice? _____

What does a typical practice session look like? _____

How much time can you dedicate to practice in a week? _____

Do you ever practice on the golf course (goal to improve/learn rather than score)? _____

Golf Clubs

Have your golf clubs been fitted for you? If so, how long ago? _____

Are you interested in purchasing any new clubs? _____

Do you have any gaps in your yardages? _____

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Course Management

Do have a strategy when you play a round of golf? If so what is it based on?

Do you know exactly how far your clubs go? _____

Do you struggle making decisions on the golf course? _____

What is your best distance(s)/club(s) to approach the green (never-miss distance)? _____

What is the hardest distance(s)/clubs(s) to approach the green (dreaded distance)? _____

Do you have a pre-shot routine? If so, describe _____

Do you have a pre-round routine? If so, describe _____

Do you prefer to take an aggressive or conservative approach to playing? _____

Do you change your strategy on the course based on how you are playing that day? _____

Shot Variables

Do you understand how the following can affect your shot? Answer Yes or No and include any comments you have

Type of grass/lie of ball? Yes No _____

Uneven lies? Yes No _____

Weather – wind, rain, cold? Yes No _____

Do you know how to control your shot shape and/or trajectory? Yes No _____

Do you often play in other areas of the country (i.e. winter/summer overseas)? Yes No _____

Do you play in inclement weather or are you a fair weather golfer? _____

Rules/Etiquette

How well do you understand the rules/etiquette of golf? _____

Would you like more information on rules/etiquette? If so please give examples...

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Social Aspects of Golf

Do you struggle with playing with people of certain personalities (i.e. Talkative, angry, slow, intense, etc)? _____

Do you need suggestions finding places to play – leagues, tournaments, etc.? _____

Nutrition

What do you generally eat during a round of golf? How much/often? _____

What do you generally drink during a round of golf? How much/often? _____

What do you eat/drink prior to your round of golf? _____

Emotional Game/Personal Well Being

When do you feel stress/anxiety/fear on the golf course? _____

What causes you the most stress/anxiety/fear on the golf course? _____

How do you currently deal with stress/anxiety/fear on the golf course? _____

Have you suffered any major life changes or stressful events in your life recently? _____

Are you interested in simple techniques to help deal with stress/anxiety on and off the course? _____

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Your Body/Fitness

Do you currently work out, stretch, or participate in any physical activities or athletics?_____

Do you wear glasses? If so, what type?_____

Which eye is your dominant eye?_____

Physical challenges –

Please list and describe any past or present tightness, stiffness, aches, pain, injuries, or surgeries.

Neck/Head:_____

Shoulders/Arms:_____

Wrists/Hands:_____

Back:_____

Hips/Knees:_____

Calves/Ankles/Feet:_____

Other medical concerns (diabetes, fibromyalgia, heart problems, ADHD, etc):_____

Thank you for taking the time to complete my in-depth golf evaluation! Amazingly enough, each and every question in this survey contributes to your performance on the golf course. It is from my experiences in helping players to improve that I have discovered that these aspects can help or hinder your performance. If you feel that there is anything I have not covered or anything you would like to talk about in your lessons, please list it below.
