

# Tashunka

2011

## Day Camp Participant Questionnaire

Here are a series of questions that will help in the planning process. Each participant should carefully read each, think about each question, and thoroughly answer each honestly. We can make changes at a later time if you change your mind, but it is nice to have a start to this process now. All answers will be kept confidential and will only be used by the Camp Staff.

Please put an "X" in the box next to the comment that best describes your answer.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
1) I enjoy being around horses.						
2) I am looking forward to this camp.						
3) I am comfortable in a saddle.						

4) How long have you been riding horses? \_\_\_\_ Weeks \_\_\_\_ Months \_\_\_\_ Years

5) How often do you ride? (Please select one)

- Daily
  Once a week
  Once a month
  Once a year
  Other: \_\_\_\_

6) Do you have any phobias? (Please mark all that apply, and circle any that are severe.)

- Insects
  Goats
  Bees
  Dogs
  Cats  
 Chickens
  Wild Animals
  Thunder/Lightning
  Other \_\_\_\_\_

7) What is the most amount of time you have spent on a horse in one sitting? (Please select one)

- 0-5 minutes
  10-20 minutes
  30-60 minutes
  1-2 hours
  3+ hours

8) Are there any activities that you would like to try?

- Gardening
  Crafts
  Nature Walks
  Archery
  Art Projects  
 Games
  Horseback riding
  Outdoor Living
  Hiking
  Other \_\_\_\_

9) Would you like to spend time in your session to learn any of the following skills?

- Map Reading
  Compass Work
  Fire Building
  Shelter Building
  First Aid  
 CPR
  Knot Tying
  Trail Riding
  Leather Work
  Tracking  
 Composting
  Wood Work
  Western Riding
  English Riding
  Gaming  
 Dressage
  Showmanship
  Trail Riding
  Horse Showing
  Vet Care

10) Please list all allergies, symptoms, treatment, and circle any that may be severe. (Please include ALL allergies including food, plant, insect, environmental, etc.)

Allergy	Symptoms	Treatment

11) In the past 2 years have you had a history of:

	Is there a cause?	What seems to help?
Chronic Injury/Discomfort		
Chronic Illnesses		
Other:		

Please add any additional comments, concerns, or ideas for the trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_