



Complete Game Evaluation

Laura Patrick, LPGA Teaching Professional
What Can a Better Game Do for YOU?



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? _____

How long do you think it will take to reach your 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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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	0	1	2	3	4	5	6	7	8	9	10
Chipping	0	1	2	3	4	5	6	7	8	9	10
Pitching	0	1	2	3	4	5	6	7	8	9	10
Greenside Bunker	0	1	2	3	4	5	6	7	8	9	10
Fairway Bunker	0	1	2	3	4	5	6	7	8	9	10
Short Irons	0	1	2	3	4	5	6	7	8	9	10
Mid Irons	0	1	2	3	4	5	6	7	8	9	10
Long Irons	0	1	2	3	4	5	6	7	8	9	10
Hybrids	0	1	2	3	4	5	6	7	8	9	10
Fwy Woods	0	1	2	3	4	5	6	7	8	9	10
Driver	0	1	2	3	4	5	6	7	8	9	10

Typical Missed Shot (circle all that apply) Pull Push Slice Hook Too much turf Not under ball

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 you 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 in Florida)? 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.
