



# RSCT CYCLE TRAINING CLIENT QUESTIONNAIRE



To help assess your training requirements please complete and return this questionnaire.  
(Tick more than one box if appropriate.)

NAME.....AGE..... TEL No.....

ADDRESS.....

1. WOULD YOU DESCRIBE YOURSELF AS AN EXPERIENCED ROAD USER?

Yes

No

2. (a) WAS THAT EXPERIENCE GAINED AS A:

Cyclist

Car driver

Motor bike/scooter/moped rider

(b) Number of year's experience \_\_\_\_\_

3. [i] INDICATE LEVEL OF CYCLING ACTIVITY

Commuting and regularly for pleasure

Regularly for recreation

Occasionally for recreation (Fair weather cyclist)

Haven't ridden a bike for years, but would like to start up again

Total novice, but would like to learn to ride a bike so I can cycle  
with my children and grandchildren when they come to stay

In the gym keeping fit

[ii] INDICATE TYPE OF BICYCLE USE TO\*\*

Normal bicycle

Tandem/tricycle/recumbent bike [2, 3 or 4 wheeled]

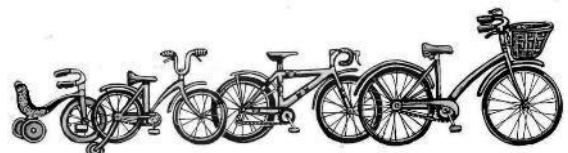
Electric assisted/Powerbyke/Powacycle

Static bike used in a gym [upright or recumbent]

Trick bike/Unicycle etc.

Bicycle adapted due to special needs

\*\* Please delete as necessary



4. [iii] WHAT ELEMENTS OF A CYCLE TRAINING COURSE DO YOU CONSIDER TO BE IMPORTANT?

Practical off-the-road training away from motor traffic including cycle control skills and basic manoeuvres

Practical on-the-road training incorporating realistic traffic conditions which develops control skills and manoeuvres. Emphasis on positive attitude and road positioning

Practical cycling – the main routes to work & their alternatives

Hazard awareness

Route planning

Riding in all conditions

Bike set-up and equipment

Bike Maintenance

[iv] WHAT OTHER AREAS WOULD YOU LIKE COVERED AS PART OF THE ADULT CYCLE TRAINING PROGRAMME?

- |                                 |                          |                          |                          |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Health & Fitness                | <input type="checkbox"/> | Off Road/Mountain biking | <input type="checkbox"/> |
| Family cycling                  | <input type="checkbox"/> | Touring & Sport cycling  | <input type="checkbox"/> |
| Load Carrying                   | <input type="checkbox"/> | Shepherding groups...    | <input type="checkbox"/> |
| Profession – Emergency Services | <input type="checkbox"/> | ( - Guides/Scouts etc.)  |                          |

5. WOULD YOU PREFER TO PARTICIPATE IN CYCLE TRAINING?

As part of a small group

Or as an individual on a one-to -one basis

6. WHICH MANOEUVRE OR RIDING SITUATION WOULD YOU DESCRIBE AS THE MOST CHALLENGING FOR YOU – PLEASE STATE:

.....  
.....  
.....

7. WHAT DETERS YOU AT THE MOMENT FROM CYCLING?

Health/Fitness

Lack of confidence and /or cycling experience

Weather

Other (including medical conditions) – please state

.....  
.....  
.....

