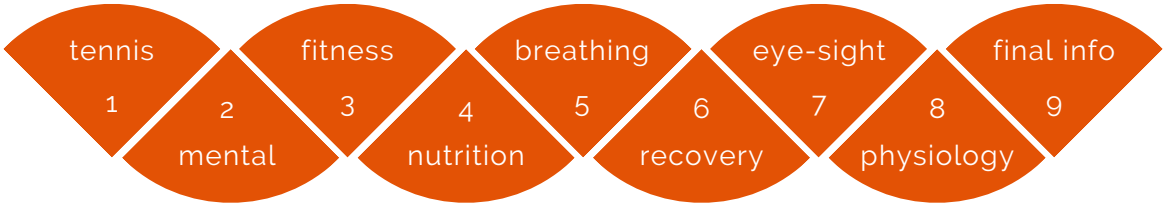
Tennis Mentorship QUESTIONNAIRE

Welcome to our Tennis Mentorship Questionnaire, designed to help us better understand your tennis journey and specific needs. This questionnaire will provide us with in-depth information to initiate our first consultation with you, helping us assess where you are and where you aspire to be as a tennis player, an athlete, and a self-aware and self-responsible individual.

Please allocate approximately 30 minutes to complete this questionnaire. Ensure you are in a quiet environment, feeling relaxed and well-rested, so we can begin this insightful journey together. After you've finished, please send the completed questionnaire along with a short 2-3 minute video showcasing your forehand, backhand, forehand and backhand slice, volley, smash, and serves to info@juliakimmelmann.com.

Your 9 steps to assesing your starting point



Before diving into the detailed sections, let's start with some introductory inquiries. Your responses here will provide us with initial insights into your profile, setting the stage for a comprehensive assessment.

FULL NAME _____ DATE _____

AGE _____ GENDER _____

HEIGHT _____ WEIGHT _____

HANDEDNESS right or left / one or double handed forehand / one or double handed backhand

PLAYING SINCE _____ OCCUPATION _____

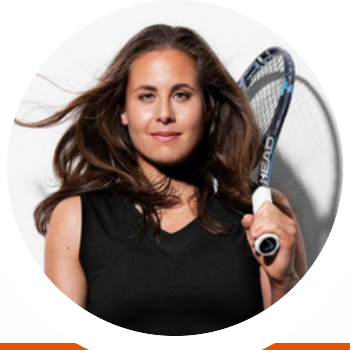
HOBBIES _____

DOES YOUR OCCUPATION OR HOBBIES INVOLVE EXCESSIVE TALKING? IF YES, PLEASE SPECIFY. _____

ARE YOU WORKING WITH ANOTHER COACH? IF YES, PLEASE SPECIFY.

_____

Your journey to becoming the best tennis player you can be, starts here!



JULIA KIMMELMANN

Professional Tennis Player - Tennis Performance Mentor

1. Tennis

YOUR MOTIVATION FOR PLAYING TENNIS :

☐ Competition ☐ Fun ☐ Health

HOW MANY HOURS A WEEK DO YOU PLAY TENNIS (practice and competitions):

PARTS OF THE GAME THAT WORK PARTICULARLY WELL FOR ME OR/AND THAT I WOULD LIKE IMPROVE (1-10/ WOULD LIKE TO IMPROVE):

TECHNIQUE										
Forehand	1	2	3	4	5	6	7	8	9	10
Topspin										
Slice										
Drop-Shot										
Backhand	1	2	3	4	5	6	7	8	9	10
Topspin										
Slice										
Drop-Shot										
Serve	1	2	3	4	5	6	7	8	9	10
Flat										
Slice										
Kick										
Underarm										
Balltoss										
Finding the right position for serving										

TECHNIQUE

Return	1	2	3	4	5	6	7	8	9	10
Block										
Spin										
Slice										
Finding the right position for returning										
Volley	1	2	3	4	5	6	7	8	9	10
Forehand										
Forehand Drive-Volley										
Backhand										
Backhand Drive-Volley										
Smash										

TACTICS

Am I able to ...	1	2	3	4	5	6	7	8	9	10
Do a successful net approach										
Develop an aggressive game										
Create a neutral game										
Play a defensive game										

TACTICS										
Am I able to …	1	2	3	4	5	6	7	8	9	10
Make the best possible shot Selection										
Play from the back of the court										
Stay close to the baseline										
Take time away from my opponent and move into the court										
Serve and Volley										
Chip and Charge (Return)										
Backhand										
Backhand Drive-Volley										
Find out my risk factor and my aggressive margin while playing points										

FOOTWORK										
	1	2	3	4	5	6	7	8	9	10
Adaptation to the Ball										
Split Step/ Shuffle Step										
Moving sideways										
Moving forward/backward										
Change of direction										
Positioning on the court										
Footwork technique for different strokes										

SINGLES GAME										
How well do I ...	1	2	3	4	5	6	7	8	9	10
Read the opponent										
Understand the technique										
Understand the geometry of the court										

DOUBLES GAME										
How well do I ...	1	2	3	4	5	6	7	8	9	10
Understand the court and the positioning of myself										
Read the opponent										
Communicate with my partner • Motivation him/her • Discuss tactics with him/her										

SINGLES GAME										
How well do I ...	1	2	3	4	5	6	7	8	9	10
Threaten my opponent(s)/ How do I put my opponent(s) under pressure										
Get put under pressure										
Win most of the points										
Lose most of the points										
Return/ block fast balls										

PINPOINT YOUR STRENGTHS IN YOUR GAME:

PINPOINT YOUR WEAKNESSES IN YOUR GAME:

ANY FURTHER COMMENTS ON THIS SECTION OR ON YOUR TENNIS:

2. Mental & Emotional Management (Psycho-Physiological)

PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE FROM THE FOLLOWING:

HOW EASILY AM I ABLE TO				
Access flow states (i.e. right action is happening by itself, no differentiation in what you are doing and you?)	Never	Sometimes	Often	Very often
Self-regulate (i.e. calming down if I feel my heart rate going up too much (= experiencing a stress response))	Never	Sometimes	Often	Very often
Change states (i.e. being able to downregulate or upregulate when needed (=when being tired or overexcited))	Never	Sometimes	Often	Very often
Hold my concentration and focus on the task at hand?	Never	Sometimes	Often	Very often
Put the critical mind aside and be able to be fully in the moment?	Never	Sometimes	Often	Very often

TENNIS SPECIFIC SELF-EVALUATION:

PLEASE INDICATE √ THE MOST APPROPRIATE RESPONSE FROM THE FOLLOWING:

1. In a match I am playing:

- ☐ worse than in practice
- ☐ like in practice
- ☐ better than in practice

2. Before a match:

- ☐ I experience a feeling of negative restlessness
- ☐ nothing changes
- ☐ I am feeling active and energized

3. At the start of a match:

- ☐ I am not there yet
- ☐ I am getting better into the game
- ☐ I am playing at a high level from the beginning

4. Leading in a match:

- ☐ my performance drops massively
- ☐ my performance stays the same
- ☐ I am playing attentive and focused until the end

5. Being behind in a match:

- ☐ I am resigning, my performance drops massively
- ☐ I am mobilizing all my resources to get back
- ☐ I am sometimes playing on the edge of my possibilities

6. Playing against weaker opponents:

- ☐ I am playing worse than average
- ☐ I am playing normally
- ☐ I am playing better than average

7. Playing against better opponents:

- ☐ I am resigning, staying behind my possibilities
- ☐ I am looking for a good performance throughout the match
- ☐ I am growing beyond myself

8. During an extremely important competition (semi-final, final, relegation in club matches):

- ☐ I am staying behind my possibilities
- ☐ I am playing on a good level
- ☐ I am playing on the limit of my possibilities

In the next section you are invited to explore different situations and your response within your game; if they affect you a lot, a little, or not at all. This helps you to start exploring your default response patterns and identify areas where you can develop greater ease and calmer focus. The word we use in the program for each of the many various 'situations' is 'Stimulus' - or collectively: 'Stimuli'.

Note that each of the main three options (No problem || It affects me sometimes || It's a big one!) are relatively neutral - they don't indicate if a response or reaction is inevitably negative or positive, but they ask you to indicate primarily how strong each situation is for you, and how big an impression it makes within your familiar awareness.

Note that an apparently positive stimulus can also affect you a lot, a little, or not at all.

It is possible to select more than one response type: you can choose two, and even all three. You may have observed at times a particular situation or stimulus has a big impact one day, but has no impression on the next.

For each Stimulus, ask yourself:
“Does it change my inner state of being, do I still maintain a feeling of being relaxed and focused, or am I getting distracted, excited, overexcited, anxious, paralyzed …?”

Stimulus	No Problem	It affects me sometimes	It's a big one!	Additional comments
I win a point				
I lose a point				
I make a mistake				
I miss a first serve				
I miss a return				
I double fault				
Breakpoint				
Setpoint				
Matchpoint				

Stimulus	No Problem	It affects me sometimes	It's a big one!	Additional comments
Friends/ family are watching the match				
Other players are watching the match				
Rain delay				
Toilet break				
Bad bounce				
Bad line call				
I win a point with net cord				
I lose a point with net cord				
My opponent plays tricks on me				
My opponent is cheating				
My arm is slow				
My legs are heavy				

Stimulus	No Problem	It affects me sometimes	It's a big one!	Additional comments
I am concerned that injuries influence my performance				
I am thinking constantly on winning or losing				
I can easily follow my game plan				
I need a "pick me up"				
My reaction is slow				
My coach is present at the match				
My coach is not present at the match				
How I feel the night before the match				

HERE YOU CAN ADD FURTHER STIMULI THAT YOU THINK ARE AFFECTING YOU AND WERE NOT MENTIONED BEFORE:

Stimulus	No Problem	It affects me sometimes	It's a big one!	Additional comments

Below is an example scenario that you may find stressful (a strong negative or positive stimulus).

1. Scenario: You are in a long rally, you are playing really well but so is your opponent, you get some balls in that you are sure are winners and won't be coming back but somehow your opponent manages to scrap them back, getting them back into the rally every time …

E.V.E.R.Y. T.I.M.E.

FOR YOU THIS SITUATION WOULD:

☐ Be no problem ☐ Affect me sometimes ☐ It's a big one!

2. SCENARIO: DO YOU HAVE A TENNIS SCENARIO OF YOUR OWN THAT YOU HAVE FOUND DIFFICULT TO HANDLE? PLEASE DESCRIBE IT HERE.

3. SCENARIO: IF YOU HAVE ANOTHER SCENARIO OF YOUR OWN THAT YOU HAVE FOUND DIFFICULT TO HANDLE YOU ARE WELCOME TO DESCRIBE IT HERE.

BODY-CONNECTEDNESS:

Rate your	1	2	3	4	5	6	7	8	9	10
Feeling for my body in space: 1-10										
Coordination and balance: 1-10										
Concern that I get sick or injured: 1-10										
Overall enjoyment of tennis: 1-10										

PINPOINT YOUR MENTAL AND EMOTIONAL STRENGTHS:

PINPOINT YOUR MENTAL AND EMOTIONAL WEAKNESSES:

THINGS YOU WOULD LIKE TO WORK ON:

ANY FURTHER COMMENTS ON THIS SECTION OR YOUR MENTAL AND EMOTIONAL (PSYCHOPHYSIOLOGICAL) MANAGEMENT:

3. Athletic-Training and Performance

YOUR ATHLETIC TRAINING MOTIVATION:

☐ Training for competition ☐ Fun ☐ Health

HOW MANY HOURS A WEEK DO YOU PARTAKE IN PHYSICAL EXERCISE (ATHLETIC TRAINING OR OTHER SPORTS)?

WHAT KIND OF OTHER SPORTS DO YOU DO, EXCEPT FROM TENNIS?

DO YOU HAVE ANY FITNESS ROUTINE? *

DO YOU HAVE A WARM-UP ROUTINE BEFORE ANY TRAINING SESSION OR MATCH? *

** If yes, please describe your training routine briefly.*

DO YOU DO STRENGTH TRAINING (E.G. WEIGHT-LIFTING, BODY-WEIGHT EXERCISES, TRX, PILATES)? *

DO YOU HAVE A MOBILITY ROUTINE? *

DO YOU DO INTERVAL TRAINING? *

DO YOU DO TENNIS SPECIFIC FOOTWORK OR AGILITY DRILLS? *

DO YOU DO COORDINATION OR BALANCE EXERCISES? *

** If yes, please describe your training routine briefly.*

DO YOU DO SPRINT TRAINING? *

DO YOU DO SPECIFIC ENDURANCE TRAINING? *

** If yes, please describe your training routine briefly.*

PINPOINT THE STRENGTHS IN YOUR ATHLETICISM:

PINPOINT THE WEAKNESSES IN YOUR ATHLETICISM:

THINGS YOU WOULD LIKE TO WORK ON:

ANY FURTHER COMMENTS ON THIS SECTION OUR YOUR ATHLETIC TRAINING AND PERFORMANCE:

4. Breathing-Pattern

PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE FROM THE FOLLOWING:

Are you stressed during the day?	Never	Sometimes	Often	Very often
Do you experience cold hands or feet?	Never	Sometimes	Often	Very often
Do you notice yourself yawning regularly during the day?	Never	Sometimes	Often	Very often
Do you breathe through your mouth during the night? (Do you wake up with a dry mouth?)	Never	Sometimes	Often	Very often
Do you experience any shortness of breath?	Never	Sometimes	Often	Very often
Do you experience any tightness in the chest?	Never	Sometimes	Often	Very often
Do you have the feeling that you are unable to breathe deeply?	Never	Sometimes	Often	Very often
What is your BOLT score? Exhale through nose. Pinch nose with fingers and count how many seconds until first definite desire to breathe.	Never	Sometimes	Often	Very often

PLEASE INDICATE √ THE LEVEL OF SEVERITY OF ANY OF THE SYMPTOMS THAT YOU EXPERIENCE IN LIST BELOW:

1 = Mild, 2 = Moderate, 3 = Severe

Complaint	1	2	3
Coughing			
Wheezing			
Exercise Induced Asthma			
Frequent Colds			
Breathlessness at rest			

Complaint	1	2	3
Excessive sweating			
High Perceived Stress			
Tummy upset / IBS			
Achy Muscles			
Tiredness			

PLEASE INDICATE √ THE LEVEL OF SEVERITY OF ANY OF THE SYMPTOMS THAT YOU EXPERIENCE IN LIST BELOW:

1 = Mild, 2 = Moderate, 3 = Severe

Complaint	1	2	3
Frequent Sighs			
Frequent Yawning			
Sleep Apnoea			
Snoring			
Lower back pain			

Complaint	1	2	3
Insomnia /Broken Sleep			
Poor Concentration			
Panic Attacks			
Headaches			
Anxiety			

ANY FURTHER COMMENTS ON THIS SECTION OR ON YOUR BREATHING?

THINGS YOU WOULD LIKE TO WORK ON:

5. Nutrition

ESTIMATE YOUR INTAKE INCLUDING SOURCES OF THESE FOODS:

Food	Rarely (2-3x/month)	Regularly (2-3/week)	Daily
Coffee			
Alcohol			
Sugar			
Artificial Sweeteners			
Seeds and Nuts			
Peanuts			
Vegetables			
Legumes (e.g. Beans, Peas)			
Fruits			
Red Meat			
White Meat			
Fish/ Seafood			
Eggs			
Seed Oil (e.g. Sunflower, Rape-Seed)			
Olive Oil			
Animal Fats			

ESTIMATE YOUR INTAKE INCLUDING SOURCES OF THESE FOODS:

Food	Rarely (2-3x/month)	Regularly (2-3/week)	Daily
Avocado			
Butter			
Rice			
Pasta			
Bread			
Potatoes			
Milk			
Yoghurt			
Cheese			
Dairy Alternatives (e.g. Oatmilk, Ricemilk)			

WHAT TIMES DO YOU USUALLY EAT YOUR MEALS (TIME OF DAY OR X-HOURS BEFORE/AFTER A SESSION OR MATCH):

During rest days: _____

During training days: _____

During competition days: _____

DO YOU FEEL LIKE YOU HAVE FOUND A DIET THAT SATISFIES YOU PHYSICALLY AND MENTALLY AND THAT SUITS YOUR BODY COMPOSITION? (1-10)

1	2	3	4	5	6	7	8	9	10

DO YOU DO ANY FASTING (NOT EATING (AND DRINKING) FOR A CERTAIN PERIOD OF TIME)? IF YES, DESCRIBE BRIEFLY HOW IT LOOKS AND HOW YOU FEEL ABOUT IT?

HOW DO YOU FEEL ABOUT YOUR DIGESTION? DO YOU EASILY GET IRRITATED OR EXPERIENCE ANY STOMACH OR INTESTINAL DISCOMFORT (E.G. BLOATED FEELINGS)?*

ARE THERE ANY FOOD INTOLERANCES THAT YOU KNOW ABOUT?*

ARE THERE ANY ALLERGIES TO FOOD (OR OTHER SUBSTANCES) THAT YOU KNOW ABOUT?*

DO YOU TAKE ANY SUPPLEMENTS?*

DO YOU TAKE ANY MEDICATION?*

DO YOU EXPERIENCE ANY CRAVINGS?*

IS THERE ANYTHING YOU WOULD LIKE TO IMPROVE REGARDING YOUR DIET AND NUTRITION?*

**Please give additional details if appropriate.*

ANY FURTHER COMMENTS ON THIS SECTION OR ON YOUR NUTRITION:

THINGS YOU WOULD LIKE TO IMPROVE:

6. Rest and Recovery

PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE FROM THE FOLLOWING.

Your recovery routine consists of:				
Self-Massage: e.g. with hands or massage roller?	Never	Sometimes	Often	Very often
Lymphatic Massage (massaging certain lymphatic points in order to increase lymphatic flow)?	Never	Sometimes	Often	Very often
Low intense physical movement (such as walking, slow jogging, riding a bike, swimming) after intense physical exercises or on rest days?	Never	Sometimes	Often	Very often
Stretching?	Never	Sometimes	Often	Very often
Joint mobility exercises?	Never	Sometimes	Often	Very often
Yoga?	Never	Sometimes	Often	Very often
Are you receiving physiotherapy or other therapeutic procedures for improved recovery?	Never	Sometimes	Often	Very often
Do you work with any breathing techniques?	Never	Sometimes	Often	Very often
Do you work with any meditation techniques?	Never	Sometimes	Often	Very often
Do you work with any other technique not mentioned above?*	Never	Sometimes	Often	Very often

*IF YOU HAVE ANY OTHER ROUTINE OR TECHNIQUE FOR RELAXATION, PLEASE EXPLAIN BRIEFLY:

HOW WOULD YOU RATE YOUR SLEEP REGARDING THE VOLUME (IN HOURS) AND THE QUALITY (1-10)

1	2	3	4	5	6	7	8	9	10

PINPOINT YOUR STRENGTHS IN RECOVERY:

PINPOINT YOUR WEAKNESSES IN RECOVERY:

THINGS YOU WOULD LIKE TO WORK ON:

ANY FURTHER COMMENTS ON THIS SECTION OR ON YOUR REST AND RECOVERY:

7. Eye-Sight

PLEASE TELL ME ABOUT YOUR EYES – HOW DO YOU FEEL ABOUT YOUR EYES AND EYESIGHT?

HAVE YOU HAD ANY VISION TROUBLE IN THE PAST?

- IF YOU USE GLASSES OR CONTACTS, WHEN DID YOU FIRST GET THEM?

- HAVE YOU NEEDED ANY FURTHER VISITS TO THE OPTOMETRIST/OPHTHALMOLOGIST?

HAVE YOU HAD ANY EYE SURGERY?

HAVE YOU HAD ANY EYE DISEASE / INFECTION / INJURY (OR HAVE YOUR PARENTS OR GRANDPARENTS)

HAVE YOU HAD ANY HEAD INJURY?

DO YOU EXPERIENCE HEADACHES OR MIGRAINES?

DO YOU HAVE ANY CURRENT ISSUES WITH YOUR SPINE OR MOBILITY?

DO YOU EXPERIENCE ANY ISSUES WITH YOUR BALANCE, OR ARE PRONE TO DIZZINESS OR FAINTING?

FAMILY – HOW IS THE EYESIGHT OF YOUR PARENTS, SIBLINGS, OR CHILDREN?

TENNIS SPECIFIC VISION:

PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE FROM THE FOLLOWING.

It is easy for you to …				
Find the right contact point on strokes?	Never	Sometimes	Often	Very often
Find the right timing to hit your strokes?	Never	Sometimes	Often	Very often
Following the trajectories of strokes in order to read the game well?	Never	Sometimes	Often	Very often
Imagine or "see" the trajectory of your next shot before you actually hit it?	Never	Sometimes	Often	Very often
Following the ball as it is approaching while being aware of the position of my opponent?	Never	Sometimes	Often	Very often
Realizing that my opponent hits a short ball so I can approach to the net?	Never	Sometimes	Often	Very often
Play in difficult sun/shade situations?	Never	Sometimes	Often	Very often
Play at night/ with floodlights?	Never	Sometimes	Often	Very often

ANY COMMENTS ON YOUR EYE-EXPERIENCE WHEN YOU ARE COMPETING OR PRACTICING:

ANY FURTHER COMMENTS ON THIS SECTION OR ON YOUR EYE-SIGHT:

THINGS YOU WOULD LIKE TO WORK ON:

8. Physiological Management

WHICH OF THE FOLLOWING DESCRIBES YOUR LIFESTYLE BEST (MULTIPLE CHOICES POSSIBLE)?

- ☐ Living a health-conscious life
- ☐ Living an active life
- ☐ Living a pain-free life
- ☐ Living to perform at your best

HOW WOULD YOU DESCRIBE YOUR GENERAL HEALTH?

WHAT AREAS OF YOUR GENERAL HEALTH WOULD YOU LIKE TO IMPROVE?

DO YOU CURRENTLY EXPERIENCE ANY

- MUSCULAR-SKELETAL PAIN*

- LIMITATIONS OF MOVEMENT*

- MEDICAL CONDITION (E.G. CHRONIC FATIGUE SYNDROME)*

Please give additional details if appropriate.

BRIEF HISTORY OF INJURIES:

ARE THERE ANY RECURRING INJURIES:

ANY SURGERIES:

OTHER HEALTH RELATED INCIDENTS:

ANY FURTHER COMMENTS ON THIS SECTION OR ON YOUR PHYSIOLOGICAL MANAGEMENT:

THINGS YOU WOULD LIKE TO WORK ON:

9. Final thoughts

WHAT ARE YOUR EXPECTATIONS OF THIS PROGRAM?

IS THERE ANYTHING MORE THAT YOU WOULD LIKE TO SHARE AND THAT WAS MISSING IN THIS QUESTIONNAIRE?

HOW DID YOU HEAR ABOUT THIS PROGRAM? PLEASE √ THE APPROPRIATE RESPONSE FROM THE FOLLOWING:

- ☐ Social Media
- ☐ Internet Search
- ☐ Friends
- ☐ Radio
- ☐ JuliaKimmelmann.com
- ☐ Healthcare Practitioner
- ☐ Other: _____

Thank you for taking your time on filling up this questionnaire. We are looking very much forward in starting working with you and leveling up your game with ease!!
Julia Kimmelmann & Team

DISCLAIMER

PLEASE READ THE FOLLOWING DISCLAIMER CAREFULLY BEFORE SIGNING, AND/OR SEEK PROFESSIONAL LEGAL ADVICE IF NECESSARY.

I understand that the instructor of this program is not a registered medical practitioner. No advice and activity presented, demonstrated or advised during the program should not replace or interfere with any medical procedure offered or applied by a medical professional.

I understand that I am free to leave the program at any time for any reason. If at any time during the program, I feel the need for any assistance, medical or otherwise, I agree to notify my instructor immediately and take full responsibility for the same, including leaving the program and obtaining appropriate care. If I fail to seek the required medical care or ignore medical advice, including that from my instructor I understand and agree to do so at my sole risk.

I understand I will need to inform my instructor about my pregnancy status, if any, before starting the program's training and exercises. If I become pregnant or believe I may be pregnant after starting the program, I agree to stop all the exercises and techniques immediately and inform my instructor to guide me on the next course of action. I hereby confirm that I have carefully read this disclaimer and have fully understood that this is a release of liability.

I hereby expressly agree to release and discharge my instructor and/or anybody associated with the mentorship program (including its employees, directors, and/or management) from any and all claims or causes of action and agree to waive any right that I may otherwise have to bring a legal action against the said individuals for personal injury and/or damage to property.

Full Name of Participant	Signature	Date
Full Name of Participant	Signature	Date

[N.B: Parent / Guardian's signature is mandatory if the participant is below 18 years of age]