



# GURNEE PODIATRY & SPORTS MEDICINE ASSOC.

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CERTIFIED ATHLETIC TRAINER

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## Dancer Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Total years dancing: \_\_\_\_\_ Started at age: \_\_\_\_\_

Do you have your period? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Do you eat Breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Dance Styles:  Ballet  Modern  Jazz  Lyrical  Tap  Hip Hop  Ballroom  Ethnic  Irish  
 Other: \_\_\_\_\_

What age did you go on Pointe? \_\_\_\_\_

How many classes/hours do you take each week? \_\_\_\_\_ Ballet \_\_\_\_\_ Jazz \_\_\_\_\_ Modern \_\_\_\_\_  
Tap \_\_\_\_\_ Pointe \_\_\_\_\_ Irish \_\_\_\_\_ Other: \_\_\_\_\_

Do you teach classes?  Yes  No Type/How many per week? \_\_\_\_\_

Dance (Pointe') Shoes name: \_\_\_\_\_ How often do you change dance shoes? \_\_\_\_\_

Have you been professionally fit? \_\_\_\_\_ Where? \_\_\_\_\_

Do you wear orthotic devices?  Yes  No Do you warm up?  Yes  No

If so, how?  Static Stretching  Massage  Barre Plyometrics  Dynamic Stretching  Yoga Poses  
Other: \_\_\_\_\_

Do you strength train?  Stretch Bands  Free Weights  Weight Machines

Do you participate in any Yoga or Pilates?  Yes  No How often? \_\_\_\_\_

Do you do cardio activities other than dancing?  Yes  No If so which? \_\_\_\_\_

What injuries have you experienced with dancing? \_\_\_\_\_

Did it keep you from dancing?  Yes  No For how long? \_\_\_\_\_

Have you had any surgery related to dance/athletics? \_\_\_\_\_

Where do you take classes/address? \_\_\_\_\_

Are you affiliated with any dance Company? \_\_\_\_\_

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