

Taylor'd Pilates Lifestyle Questionnaire

Name:

Date:

How did you hear about us:

Are you, or were you active in any physical activities such as sports and/or exercise programs? Yes No

Please describe:

Have you had any previous experience in the Pilates method of training? Yes No

Do you participate in any kind of cardiovascular activity during the week? Yes No

Running Walking Cycling Hiking Swimming Aerobics Other - Please Describe:

Do you have any injuries, aches or pains, swelling or discomfort (recent or old)? Yes No

If Yes, please describe them:

Do you have any further health concerns? Yes No

| | | | | | |
|-----------------|--------------|---------------|-----------|-------------------|---------|
| High BP | Diabetes | Arthritis | Trauma | Muscle Injuries | Surgery |
| Bronchitis | Osteoporosis | Chest Pains | Pneumonia | Joint Injuries | Asthma |
| Spinal Stenosis | | Spinal Fusion | Scoliosis | Spondylolisthesis | Other |

Please give details on any of the above conditions:

Questionnaire

Do you regularly use any of the following: Yes No

| | | | |
|-----------------|--------------------------|---------------|-------------------------|
| Massage | Chiropractic | Homeopathy | Osteopathy |
| Herbalism | Naturopathy | Physiotherapy | Nutritional Supplements |
| Other Body Work | Other - Please Describe: | | |

Do you engage in any form of meditation practice?

| | | | |
|------------|------|----------------|------------------------------|
| Relaxation | Yoga | Transcendental | Other - Please give details: |
|------------|------|----------------|------------------------------|

What is your occupation?

Check all the words that best describes your physical activities used at work:

| | | | |
|-----------------|-----------------|--------------------------|-------------------|
| High Stress | Moderate Stress | Low Stress | Physical Activity |
| Mentally Active | Standing | Sitting | Driving |
| Repetitive | No Activity | Other - Please describe: | |

What are your goals?

Short-Term:

Long-Term:

What do you consider the most important qualities of a personal instructor?

| | | | | | |
|----------|------------|-------------|-------------|----------|-------------------|
| Humorous | Motivating | High Energy | Calm Energy | Rigorous | Other - Describe: |
|----------|------------|-------------|-------------|----------|-------------------|