Dancer Questionnaire

(For dance professionals or those with dance injuries)

Age began dancing: _____
Type of dance you do: _____
Age you began pointe work: _____
Formal dance training:
School_____ Number of Years _____
School_____ Number of Years _____
Present dance training and number of classes/week:_____
_____
Are you performing now? _____
Name of Company/Studio: _____
Type of shoes worn: _____
Type of floor surface you dance on: _____
Number of years you have been dancing as a professional: _____

List major injuries or illnesses throughout your career including:

Date	Type of injury	Whom seen	Course of Treatment	Recovery