



Dr. Tina Boucher, DPM * Central CT Foot Care Center, LLC

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www.centralctfootcare.com * www.dancersfootcare.blogspot.com

Dancer Questionnaire

Name _____

Age _____

Total years dancing _____

Started at age _____

Dance styles (please circle) Ballet Modern Jazz Tap Hip hop Ballroom Ethnic
Other _____

How many classes/hours do you take each week?

Ballet _____ Modern _____ Jazz _____ Tap _____

Hip hop _____ Ballroom _____ Ethnic _____ Other _____

Dance shoes: Pointe _____ Tap _____ Hip hop/Jazz _____

Do you use orthotics in street shoes? Yes No

Do you warm up? Yes No

If so, how? (please circle) Self-stretching Jumping cardio machines

massage rubber-tubing exercises

Do you stretch before, during, after classes/rehearsals? Yes No

Do you do any strength training? (please circle) Rubber tubes Weight machines
manual resistance Pilates Strength classes

Do you do any cardiovascular exercises other than dance class? _____

Have you had any injuries to lower leg/back?
Explain _____

How long did it keep you away from dancing? _____ days/weeks/months

Where do you currently take classes? _____

Are you affiliated with a dance company? _____