



## **SURVEY SAYS....**

**Print the survey below and fill in your answers to evaluate your current needs.**

- 1) Do you workout? YES \_\_\_ NO \_\_\_
- 2) How many times per week? 1 2 3 or more (Circle)
- 3) Do you strength train? YES \_\_\_ NO \_\_\_
- 4) Do you do Cardio? YES \_\_\_ NO \_\_\_
- 5) Are you self-motivated to workout? YES \_\_\_ NO \_\_\_
- 6) Do you stretch? YES \_\_\_ NO \_\_\_
- 7) Do you stretch daily? YES \_\_\_ NO \_\_\_
- 8) Do you get Massages? YES \_\_\_ NO \_\_\_
- 9) How often? Once a week      Once a month      (Circle one)
- 10) Are or have you been suffering from some type of acute or chronic pain? YES \_\_\_ NO \_\_\_
- 11) How long have you been suffering? 1 week 1month 6 months 1 year (Circle one)

**IF YOU ANSWERED NO TO 50% OR MORE OF THE ABOVE QUESTIONS THEN PLEASE GIVE US A CALL; WE CAN HELP. 610-547-8462**

**DON'T CONTINUE DOWN AN ENDLESS ROAD TO NOWHERE!**