



Get Out of Back Pain

Dot Spaet
Back Pain Specialist
(415) 892-6605
www.GetOutOfBackPain.com
dot@getoutofbackpain.com

GOALS QUESTIONNAIRE

This questionnaire is designed to help identify specific wellness goals that can help pinpoint the most effective and efficient program for you.

Areas I want to improve:

- | | |
|--|--|
| <input type="radio"/> Aerobic endurance | <input type="radio"/> Specific sport ability: |
| <input type="radio"/> Strength | <input type="radio"/> Injury rehabilitation: |
| <input type="radio"/> Flexibility | <input type="radio"/> Back Problem: |
| <input type="radio"/> Improve balance & coordination | <input type="radio"/> Sleep better: (more/less?) |
| <input type="radio"/> Improve eating habits | <input type="radio"/> Specific job ability: |
| <input type="radio"/> Improve posture | <input type="radio"/> Improve self-esteem |
| <input type="radio"/> Pain elimination/management | <input type="radio"/> Reduce Blood Pressure |
| <input type="radio"/> Other (specify): | |

Improving my pain/fitness/wellness levels is extremely important to me because...

Have you participated in a fitness/wellness or physical therapy program before? If yes, please describe.

I was most successful in my fitness programs when...

I am committing myself to my fitness/wellness program because otherwise I would have to live with the following unbearable consequences (ex. low self-esteem, limited success, dependency upon others, etc.)

What I would most like to achieve from my new movement program is...

Equipment available:

How much time available

For sessions with Dot:

For working on my own in-between:

Participant:

Date: