##### Mobility Focus focus logoPilates

##### QUESTIONNAIRE

|  |  |
| --- | --- |
| NAME: | EMAIL: |
|  |
| CURRENT FITNESS PROGRAM(S): |
|  |
|  |
| What are you most interested in learning/improving? |  Pilates |
|  |  FRC® Mobility Training |
|  |  Pilates/FRC® Mobility Training Integration |
|  |
| How many one-on-one Online or In-studio sessions preferred? |  1-3 times/week |
|  |  1-3 times/month |
|  |  1-3 times/year |
|  |  Per instructor recommendations |
|  |
| Any current pain or injuries? |  Yes |
|  |  No |
|  |
| Current fitness goals. List any specific activities. |  |
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| Additional info: |
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