

DYNAMIC
LIVING

q u e s t I o n n a I r e

name _____ age _____ m / f _____

profession _____

interests _____

please describe any previous Feldenkrais® experience _____

is this your first time to attend this program? _____

what captured your interest? _____

skiing experiences...

how many years have you skied? _____

at what age did you begin skiing? _____

how did you learn? _____

what words best describe your attitude toward skiing? _____

do you like speed? _____

describe other activities you are interested in _____

how do you like to learn? (observing, listening, feeling, thinking, other)

what kinds of fears erode your confidence levels? (fear of looking foolish? fear of hurting yourself? fear of heights?
fear of wide open spaces? fear of not "getting it"? fear of success?) _____

what is your general level of fitness? _____

what injuries have you experienced which still bother you? _____

is there anything you are specifically interested in learning from this seminar? _____

other comments? _____
