DANCER INTAKE FORM

1. What is your primary style of dance? ________________________________
2. How long have you been dancing in your primary style? ________________
3. What is your current company or dance academy/school? ______________
4. How long have you been at this company/school? _____________________
5. For student dancers – do you compete in dance? □ Yes □ No
6. What other styles of dance do you do?
   1. ___________________ for ____________ years
   2. ___________________ for ____________ years
   3. ___________________ for ____________ years
7. On average, how many hours per week do you practice or rehearse?
   First style: ________________ hours per week
   Second style: ______________ hours per week
   Third style: ________________ hours per week
   Fourth style: ______________ hours per week
8. On average, how many hours per month do you perform?
   First style: ________________ hours per month
   Second style: ______________ hours per month
   Third style: ________________ hours per month
   Fourth style: ______________ hours per month
9. Do you teach dance? □ Yes □ No
    If yes, how many hours a week do you teach? _________________
10. Nightly sleep: Average of _______ hours of sleep per night
11. Please rate your nutrition by circling a number.

   0  1  2  3  4  5  6  7  8  9  10
   Very unhealthy  Very healthy
12. Have you been diagnosed with an eating disorder? □ Yes □ No
13. Do you have concerns about your eating or weight? □ Yes □ No
If yes please provide some more details:
__________________________________________________________________________

14. Do you have regular menstrual periods? □ Yes □ No
15. Do you smoke?
   □ Never
   □ In the past: ______ cigarettes per day/ ______ years of smoking
   □ Yes, ______ cigarettes per day, for ______ years

16. Do you drink alcohol?
   □ Never
   □ Yes, an average of ______ glasses per week

17. Do you engage in other physical activity?
   □ Never
   □ Yes, an average of ______ hours per week
      Which activity/ies?
      __________________________________________________________
      __________________________________________________________

18. Which other hobbies do you engage in regularly?
      __________________________________________________________
      __________________________________________________________
Dance-related musculoskeletal problems are defined as "pain, weakness, numbness, tingling, or other symptoms that interfere with your ability to dance at the level to which you are accustomed". This definition does not include mild transient aches and pains.

19. Have you ever had pain/problems that have interfered with your ability to dance at the level to which you are accustomed?  
   Yes  No
   
   If yes, please give details below:
   Previous diagnosis/es: ____________________________
   How much have you recovered? ______________%
   Other comments: __________________________________________

PAST INJURIES

20. Have you had pain/problems that have interfered with your ability to dance at the level to which you are accustomed during the last 12 months?  
   Yes  No

21. Have you had pain/problems that have interfered with your ability to dance at the level to which you are accustomed during the last month (4 weeks)?  
   Yes  No

22. Currently (in the past 7 days), do you have pain/problems that have interfered with your ability to dance at the level to which you are accustomed?  
   Yes  No
Name: ___________________________
Date of birth (Y/M/D): ______________
Today’s date: _____________________

(Taken from Healthy Dancer Canada Pre-professional Dancer Screening Tool – 2016)
23. On the body chart, SHADE IN each of the areas where you experience pain/problems. Put an X on the ONE area that HURTS the most.
The next four questions relate ONLY to PAIN. Please answer with reference to the ONE area that you marked with an X on the body chart. Otherwise go to Question 28.

24. Please rate your pain by circling the one number that best describes your pain at its worst in the last week.

0  1  2  3  4  5  6  7  8  9  10
No pain                                      Pain as bad as you can imagine

25. Please rate your pain by circling the one number that best describes your pain at its least in the last week.

0  1  2  3  4  5  6  7  8  9  10
No pain                                      Pain as bad as you can imagine

26. Please rate your pain by circling the one number that best describes your pain on average in the last week.

0  1  2  3  4  5  6  7  8  9  10
No pain                                      Pain as bad as you can imagine

27. Please rate your pain by circling the one number that tells how much pain you have right now.

0  1  2  3  4  5  6  7  8  9  10
No pain                                      Pain as bad as you can imagine
The next part of the survey relates to both PAIN and/or PROBLEMS.

For each of the following, circle the one number that describes how, during the past week, pain/problems have interfered with your:

28. Mood

<table>
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<tr>
<th>0</th>
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<th>4</th>
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<th>7</th>
<th>8</th>
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<th>10</th>
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<tr>
<td>Does not interfere</td>
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<td></td>
<td></td>
<td>Completely interferes</td>
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</table>

29. Enjoyment of life

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<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>7</th>
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<tr>
<td>Does not interfere</td>
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<td></td>
<td></td>
<td></td>
<td>Completely interferes</td>
</tr>
</tbody>
</table>

For each of the following, during the past week, as a result of your pain/problems, did you have any difficulty (please circle ONE number):

30. Using your usual technique for dance/performances?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<tbody>
<tr>
<td>No difficulty</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Unable</td>
</tr>
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</table>

31. Dancing/performing because of your symptoms?

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<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<tbody>
<tr>
<td>No difficulty</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Unable</td>
</tr>
</tbody>
</table>

32. Dancing/performing as well as you would like?

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<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
<td>No difficulty</td>
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<td></td>
<td></td>
<td></td>
<td>Unable</td>
</tr>
</tbody>
</table>
Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0  Did not apply to me at all
1  Applied to me to some degree, or some of the time
2  Applied to me to a considerable degree, or a good part of the time
3  Applied to me very much, or most of the time

1  I found it hard to wind down
2  I was aware of dryness of my mouth
3  I couldn't seem to experience any positive feeling at all
4  I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)
5  I found it difficult to work up the initiative to do things
6  I tended to over-react to situations
7  I experienced trembling (eg, in the hands)
8  I felt that I was using a lot of nervous energy
9  I was worried about situations in which I might panic and make a fool of myself
10 I felt that I had nothing to look forward to
11 I found myself getting agitated
12 I found it difficult to relax
13 I felt down-hearted and blue
14 I was intolerant of anything that kept me from getting on with what I was doing
15 I felt I was close to panic
16 I was unable to become enthusiastic about anything
17 I felt I wasn't worth much as a person
18 I felt that I was rather touchy
19 I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)
20 I felt scared without any good reason
21 I felt that life was meaningless
Your Health and Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Thank you for completing this survey!

For each of the following questions, please mark an ☐ in the one box that best describes your answer.

1. In general, would you say your health is:

<p>| | | | | |</p>
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<tr>
<td>Excellent</td>
<td>Very good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
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<tr>
<td>▼</td>
<td>▼</td>
<td>▼</td>
<td>▼</td>
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<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
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</table>

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

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</thead>
<tbody>
<tr>
<td>Yes, limited a lot</td>
<td>Yes, limited a little</td>
<td>No, not limited at all</td>
</tr>
<tr>
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<td>▼</td>
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</tbody>
</table>

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.......................... ☐ 1 ............ ☐ 2 ............ ☐ 3

b. Climbing several flights of stairs ........................................... ☐ 1 ............ ☐ 2 ............ ☐ 3

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

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<tbody>
<tr>
<td>All of the time</td>
<td>Most of the time</td>
<td>Some of the time</td>
<td>A little of the time</td>
<td>None of the time</td>
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a. Accomplished less than you would like ........................................... ☐ 1 ............ ☐ 2 ............ ☐ 3 ............ ☐ 4 ............ ☐ 5

b. Were limited in the kind of work or other activities .................. ☐ 1 ............ ☐ 2 ............ ☐ 3 ............ ☐ 4 ............ ☐ 5
4. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

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<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
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</tbody>
</table>

a. Accomplished less than you would like .................................................. □ 1 ............ □ 2 ............ □ 3 ............ □ 4 ............ □ 5

b. Did work or other activities less carefully than usual ............................. □ 1 ............ □ 2 ............ □ 3 ............ □ 4 ............ □ 5

5. During the **past 4 weeks**, how much did the pain interfere with your work (including both work outside the home and housework)?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
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<td>□ 4</td>
<td>□ 5</td>
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6. These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**...

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<th>All of the time</th>
<th>Most of the time</th>
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</tbody>
</table>

a. Have you felt calm and peaceful? ................................................................. □ 1 ............ □ 2 ............ □ 3 ............ □ 4 ............ □ 5

b. Did you have a lot of energy? ................................................................. □ 1 ............ □ 2 ............ □ 3 ............ □ 4 ............ □ 5

c. Have you felt downhearted and depressed? .............................................. □ 1 ............ □ 2 ............ □ 3 ............ □ 4 ............ □ 5
7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with your friends, relatives, etc.)?

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<th>All of the time</th>
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<th>None of the time</th>
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</table>

Thank you for completing these questions!