

individual exercise sessions each participant follows a protocol which has been formulated from their fitness assessment. Following the aerobic portion of the exercise session, dance training, which is also based on the pre-participation evaluation. The exercise session concludes with a 5-10 minute cool-down period of abdominal artistry and supervised by Exercise Physiologists and Health Fitness Specialists.

Please complete the following survey regarding your participation.

1. Name: _____

2. Age: _____

3. Sex: Male Female

4. Height: _____

5. Weight: _____

6. Current Activity Level: Sedentary Light Moderate Vigorous

7. How often do you exercise? Never 1-2 times/week 3-4 times/week 5+ times/week

8. How long have you been exercising? Less than 1 year 1-3 years 4-6 years 7+ years

9. What is your primary reason for participating? Improve fitness Enjoy the activity Socialize Other: _____

10. Do you have any medical conditions? No Yes (Please specify: _____)

11. Do you have any injuries? No Yes (Please specify: _____)

12. Do you have any allergies? No Yes (Please specify: _____)

13. Do you take any medications? No Yes (Please specify: _____)

14. Do you have any other health concerns? No Yes (Please specify: _____)

15. Do you have any questions or concerns? No Yes (Please specify: _____)

Thank you for your participation in this study. Your input is valuable to us and will help us improve our programs. If you have any questions, please contact the research team at [phone number] or [email address].

We appreciate your time and effort in completing this survey. Your feedback is essential for the success of our research. We will use the information you provide to tailor our exercise programs to better meet the needs of our participants.

For more information about our research and programs, please visit our website at [website URL]. We look forward to continuing our work together.

Best regards,
 [Name]
 [Title]
 [Organization]