GENERAL and MEDICAL QUESTIONNAIRE
Please read questions below and check Yes or No

QUESTION	YES	NO
Occupational Questions		
1. What is your current occupation?		
2. Does your occupation require extended periods of sitting?	☐	☐
3. Does your occupation require extended periods of repetitive movements? (If yes, please explain.)	☐	☐
4. Does your occupation require you to wear shoes with a heel (dress shoes)?	☐	☐
5. Does your occupation cause you anxiety (mental stress)?	☐	☐
Recreational Questions		
6. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.)	☐	☐
7. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.)	☐	☐
8. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)	☐	☐
9. Have you ever had any surgeries? (If yes, please explain.)	☐	☐

10. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)	☐	☐
11. Are you currently taking any medication? (If yes, please list.)	☐	☐