

GROUP EXERCISE / SPINNING® QUESTIONNAIRE

InnerSol Yoga & Cycle LLC recognizes your commitment to your exercise programs and would like to know how we might improve to serve you better. Please take a few minutes to answer this questionnaire and submit it either by email (see address below) or return it to us at the beginning of class.

If you would like me to contact you, please leave your name and phone number at the bottom of page two. Otherwise, personal information such as name and phone number are not required.

Thank you in advance!

Susan Moran
InnerSol Yoga & Cycle
1255 S. Monroe St
Green Bay WI 54301

1. I spin _____ times per week?
2. The class(es) that I attend most often is (are): (please specify class day & time) _____

_____ because _____

3. What is your experience with Spin (circle one) Novice Intermediate Advanced
4. Describe your physical activity on a typical weekday:

5. Describe your activity on a typical weekend: _____

6. Are you currently taking any medications?
If so please list?

7. Have you ever had surgery?
If so please explain what type and when:

Please indicate here if you would like to be contacted to discuss your comments.

Name: _____ Phone: _____