

Foot, Leg & Back Pain Survey

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____

E-Mail: _____

Occupation: _____

1. How did you hear about our store and/or Z-CoiL® Footwear?
- TV Friend Employer or Co-Worker Walk-In
 - Your2Feet.com Z-CoiL® Website Saw Our Van
 - Doctor Referral (Name): _____
 - Outside Events (Specify): _____
 - Other (Please Specify): _____

2. Are you currently experiencing pain in your feet, ankles, back, knees, or hip? Please circle the area(s) you are experiencing pain, and rate your pain from 0-10 on the scale below.



3. If so, do you know what is causing your pain? What is it? Specify any professional diagnosis (if applicable): _____

8. Comments/Testimonials: _____

4. Where would you plan on using your Z-CoiL® footwear?
- In the Workplace Exercise Daily Activities
 - Other (Please Specify): _____

5. What additional products and/or services would you like to see in our stores?
- Socks Powersteps Arch Supports
 - Appt. with Podiatrist: Massage Therapy, Acupuncture, Etc.
 - Other (Please Specify): _____

6. Who can we contact at your workplace to work with us in the prevention of OTJ (on-the-job) injuries?
- Name & Employer: _____
- Signature: _____

7. Have you had a work-related injury? If so, of what nature?
- _____

Signature: _____ Date: _____

By signing this form, you authorize Your2Feet to use your information on our website and for marketing materials.

You're done! Thank you for taking the time to fill out our survey. Your answers will enable us to serve you even better in the future.

Not redeemable for cash or to be used with any other discount or offer. Applies only to Z-CoiL® footwear purchases, with a limit of 12 pairs. Valid only at 1201 Pine & 1764 NW 56th St. locations.