



Hi! Thank you for your interest in private yoga sessions. Please answer these questions to give me a better idea of where you are and what you are looking for in your yoga practice. It is completely up to you how much information you choose to share, and all information will remain confidential.

1. How old are you?
In my 20s
✓ In my 30s
In my 40s
In my 50s
In my 60s
In my 70s
In my 80s
*Single choice
2. What is your occupation?
Electrician
3. What are your reasons for coming to yoga?
Lower back and hip discomfort
4. What kind of challenges are you dealing with right now?
Trying to stay consistent with yoga and stretching while working

Intake (General Evaluation) Form

5. H	ave you ever been diagnosed with any of the following conditions?
	Osteoarthritis/ Rheumatiod arthritis
	Osteoporosis
	Spinal fracture
	Herniated/ruptured disk
	Spinal fusion or discectomy
	Scoliosis
	Bone fractures (last two years)
	Low bone density
	Heart conditions
	High or low blood pressure
	Circulation problems
	Breathing problems (asthma, COPD)
	Digestive issues
	Reproductive system issues
	Cancer
	Diabetes
	Epilepsy
	Headaches
	Immune conditions
	Fibromyalgia
	Chronic fatigue syndrome
	Mental health challenges
~	None of the above
6. P	lease provide more details about checked areas above.

7. Please list your current medications
None
8. Do you have pain or limitations in mobility in any of the following areas?
Neck Neck
Shoulders
Upper back
✓ Lower back
Sacrum
✓ Hips
Elbows
Knees
Hands
Feet
Wrists
Ankles
None of the above
9. Have you had any recent surgeries (in the last 5 years)? If so, please describe.
<u>No</u>
10. What is your daily activity level?
Sedentary
Move some
✓ Move a lot
*Single choice

11. What kind of exercise do you engage in?
None
Walking
✓ Running
Biking
Swimming
✓ Weightlifting
Aerobics
✓ Yoga
Other
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12. How often do you exercise?
Sporadically
Once a week
✓ 2-3 times a week
5 days a week
Every day
*Single choice
13. How many meals do you eat per day?
1
2
✓ 3
4
5
More than 5
*Single choice

15. What is your typical energy let

Low

Medium

High
Inconsistent

*Single choice

16. What is your quality of sleep?

Restful
Restless
Frequently interrupted

✓ Not enough
Too much
Variable
Trouble getting to bed
Trouble staying asleep

Trouble staying asleep

Intake (General Evaluation) Form
17. What is your level of stress?
Low
✓ Medium
High
Variable
*Single choice
18. What is the source of your stress?
Money, stressing about eating poorly, the future
19. What do you do to counteract stress?
Work out, watch movies and hang out with friends
20. Are you currently experiencing any issues with any of the following systems?
Digestive Despiratory
Respiratory Endocrine
Nervous
Urinary
Reproductive
Circulatory
Endocrine (hormones)
Lymphatic (immunity)
Integumentary (skin)
✓ None of the above

21. What kind of issues? Are you currently receiving any treatment for it?

22. Do you have any trouble concentrating?
Never
Rarely
✓ Sometimes
Often
All the time
*Single choice
23. Do you trouble remembering things?
Never
✓ Rarely
Sometimes
Often
All the time
*Single choice
24. How often do you feel anxious?
Never
Rarely
✓ Sometimes
Often
All the time
*Single choice
25. How often do you feel depressed?
Never
✓ Rarely
Sometimes
Often

*Single choice

26. Does your current mental state impact the quality of your life? In what way?
Just worried about not being able to do things I want to do
27. Currently do you feel (check all that apply)
✓ Stable
✓ Vital
Empowered
✓ Connected
✓ Expressive
Insightful
Inspired
28. How satisfied are you with the quality of your life right now?
Completely
✓ Moderately
Somewhat
Not really
Not at all
*Single choice
29. What do you do for fun? Do you have hobbies?
I like to stay active. I enjoy skateboarding, playing chess, reading, running, studying Spanish
30. What do you enjoy in your life?
Same as above