



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. Where does it hurt?

Hips and lower back

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2. When did it start hurting?

About a year ago

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3. How often do you experience discomfort

- Every day, all day
- Every day, occasionally
- Few times a week
- Few times a month
- Rarely

\*Single choice

4. Do you wake up with pain?

- Yes
- No

5. Please describe the type of pain you experience.

- Sharp
- Dull
- Achy
- Electric
- Numb
- Other

6. Does the pain radiate anywhere, like to an arm or leg?

Right leg

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7. How bad is the pain?

- Minor pain (nagging, annoying, but doesn't interfere with most daily activities)
- Moderate pain (interferes significantly with daily living activities)
- Severe, disabling pain (unable to perform daily living activities, cannot function independently)

\*Single choice

8. When does it hurt the most?

- Upon waking up
- Morning
- Afternoon
- Evening
- Before bed
- At night

9. What makes it hurt more?

It hurts more after work

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10. What makes it hurt less?

Rest helps

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11. During the past two weeks, how much difficulty have you had doing your usual activities or tasks because of your physical and emotional health?

- No difficulty
- A little bit
- Some difficulty
- Much difficulty
- Could not do

\*Single choice

12. Which activities do you have trouble with?

Exercising at the gym, skateboarding, staying active in general

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13. During the past two weeks, how much stress have you experienced?

- No stress
- Very mild stress
- Mild stress
- Moderate stress
- Severe stress

\*Single choice

14. What are the sources of stress for you?

Money, eating habits, the future in general

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15. During the past two weeks, how much have your sleep been affected by this pain?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

\*Single choice

16. Which part of the sleep cycle do you have trouble with?

- Falling asleep
- Staying asleep
- Going back to sleep after waking up
- Waking up

17. During the past two weeks, how would you rate your energy?

- Excellent
- Very good
- Good
- Fair
- Poor

\*Single choice

18. Does pain seem to affect any other physiological systems (digestive, circulatory, immune, etc.)?

No

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19. What do you think is going on?

Don't know; I used to be very active and was never bothered by ongoing pain

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20. During the past two weeks, how much difficulty have you had focusing on tasks?

- No difficulty
- A little bit
- Some difficulty
- Much difficulty
- Could not do

\*Single choice

21. Which tasks do you have trouble with?

none

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22. During the past two weeks, how much have you been bothered by strong emotions such as feeling anxious, depressed, irritable or sad?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

\*Single choice

23. Is there a dominant emotion that keeps showing up?

Anxiety

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24. During the past two weeks, how would you rate your health in general?

- Excellent
- Very good
- Good
- Fair
- Poor

\*Single choice

25. During the past two weeks, has your physical and emotional health limited your social activities with family, friends, neighbors or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

\*Single choice

26. During the past two weeks, was someone available to help you if you needed and wanted help?

- Yes, as much as I wanted
- Yes, quite a bit
- Yes, some
- Yes, a little
- No, not at all

\*Single choice

27. How have things been going for you during the past two weeks?

- Very well, could hardly be better
- Pretty good
- Good and bad parts about equal
- Pretty bad
- Pretty bad: could hardly be worse

\*Single choice

28. Do you have any other comments?

No

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