

YOGA QUESTIONNAIRE

Name : _____

Address : _____

City : _____ State: _____ Zip Code: _____

Phone : _____ Cell : _____

1. What type of work do you currently do? (circle one)
computer work (sitting 50 to 90% of day)
heavy machinery (lifting/moving 50 to 90% of day)
bartender (standing 50 to 90% of day)
SAHM (stay at home mom) 50 to 90% of all of it.
other _____

2. What types of recreational activity do you do? (circle as many that apply)
- | | |
|----------|-----------------------------|
| cycling | horseback riding |
| running | sewing |
| swimming | reading |
| hiking | playing with kids/grandkids |
| canoeing | other _____ |

3. Do you have any previous injuries, surgeries or pains that may limit your range of motion? (circle any that apply)
- | | |
|----------|-------------|
| Knee | Wrist |
| Hip | Ankle |
| Elbow | Foot |
| Shoulder | Other _____ |
- Please describe: _____
- _____

4. Have you taken a yoga class before? (Y/N) _____
If so, what did you enjoy most about yoga? _____
- _____

5. How would you like your yoga session to benefit you? (relaxation, strength, flexibility, etc)
- _____
- _____

6. Do you currently do any stretching? (Y/N) _____
If so, what types of stretching do you do?
basic PE stretches (hurdler stretch, wide leg stretch, standing hamstring, quad stretch.)
other (please explain) : _____
- _____
- _____