



## *New Student Yoga Health Questionnaire for Samyama Moksha Yoga*

The purpose of this questionnaire is to help your yoga teacher better understand your fitness and health level in order to address your general expectations from our yoga classes.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHDATE: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

1. Have you done yoga before? Y / N (IF THE ANSWER IS NO, SKIP TO QUESTION #4)
  
2. If so, what style(s)?
  
3. How many years have you been doing yoga, and on average, how often?
  
4. On a scale of 1-10, how physically active is your lifestyle currently (10 being the most active)?
  
5. What other forms of exercise do you do? (IF YOU DO NOT DO ANY OTHER FORMS OF EXERCISE, SKIP TO QUESTION #7)
  
6. How long have you been doing these other forms of exercise, and how often?
  
7. On a scale of 1 – 10, how stressful is your job?

8. What are your expectations and/or goals from your yoga class?

9. Do you suffer from any of the following health issues? Check where applicable.

Arthritis \_\_\_\_                      Blood Pressure \_\_\_\_                      Eye Issues \_\_\_\_                      Migraines \_\_\_\_

Asthma \_\_\_\_                      Diabetes \_\_\_\_                      Epilepsy \_\_\_\_                      Pregnancy \_\_\_\_

Back Pain \_\_\_\_                      Ear Issues \_\_\_\_                      Heart Condition(s) \_\_\_\_

10. Are you O.K. with the use of essential oils during class? Y\_\_\_\_ N\_\_\_\_

11. Please add any further Questions, Comments and/ or concerns here: