

Wilmington Yoga Center Wellness Questionnaire

Your full name _____

Email _____

Street Address _____

City _____

State _____ Zip _____

Home Phone _____ Other Phone _____

What would you like to gain from this program of yoga?

If your body could talk, what would it say about its state of being?

Describe your diet.

How is your digestion?

Where do you have muscle pain or tension?

Describe your posture.

What kind of work do you do?

How does your body feel while you are working?

What kind of exercise do you do?

What do you do to relax and release stress?

Describe any major illness you have had.

Describe any chronic conditions you have.

Describe any accidents you have had.

Describe current health challenges.

What health care providers do you see?

List any prescription or nonprescription drugs you are taking and what you are taking them for.

Is your schedule regular or does it change a lot?

Do you ever notice difficulties with breathing?

Does your breathing change when you become upset or agitated?

Have you ever been a smoker?

Is your energy low, medium, or high?

Is your energy stable or quite variable?

Describe your sleeping patterns.

Do you wake up feeling refreshed?

When do you feel a dip of energy during the day?

What triggers stress in your life?

What do you find most effective for releasing stress?

How often do you feel upset or irritated?

Do you experience depression?

Do you experience anxiety?

What emotions do you have difficulty with?

Are personal relationships nurturing and supportive?

Is your career nurturing and supportive?

What are the main life issues you are dealing with right now?

What losses have you suffered in your life?

Do you have close friends or others you can confide in?

Are there patterns that keep repeating themselves in your life? What are they?

What habits would you like to change?

Do you have the big picture of your life or do you feel stuck?

How would you describe the spiritual dimension of your life?

What do you consider ultimately important in life?

Do you feel you have a mission or vocation in this life?

If so, how are you fulfilling it?

Please add any additional comments.

Signature _____ Date _____

Instructor/Therapist _____ Date _____

