

YOGA QUESTIONNAIRE

All the Information given is confidential to your tutor and no part of it will be disclosed or discussed with any individual or organisation.

Full Name

Date of Birth / /

Address

Post Code

Contact Details

Telephone day

Telephone evening

e-mail

Are you an absolute beginner

Yes

No

Have you attended a yoga class before

Yes

No

Do you participate in any physical activity. ie; *keep-fit, swimming, badminton, cycling etc. ?*

How regularly do you do this?

Do you know of any medical condition/treatment why the practice of the physical side of yoga, which at times may be strenuous, may be unwise ?

Yoga covers a wide range of disciplines: flexibility, mental control, bodily health, awareness, etc - which of the following areas of development most interests you (tick as appropriate)

Physical Mainly Some Not at all

Mental Mainly Some Not at all

Spiritual Mainly Some Not at all

Is there anything else that may be of interest to your yoga teacher ?

Signed

Date