



ZENNA KIDD-MAY

Create a life you love

Yoga health questionnaire – private & confidential

Please complete the questionnaire - It will take about 5 minutes of your time. The information will be used to make the time we spend together as fruitful as possible enabling me to tailor the class to suit your individual needs but also the needs of the group.

Name:	
Address:	
Telephone:	
Mobile:	
Email:	
How did you find out about the class?	

1. Are there any health issues I need to be aware of? (you only need to complete this section if the health issue is currently causing you discomfort or challenges; tick all the boxes that are relevant to you and provide as much detail as you feel comfortable with):

Health Issue:	Tick	Provide more detail:
Back problems		
Sciatica		
Knee problems		
Ankle problems		
Any broken bones		
Any joint replacements		
Arthritis		
Asthma		
Other respiratory problems		
Blood pressure problems (indicate high or low)		
Heart condition (e.g. Angina)		
Hernia		
Eye condition (e.g. cataracts)		
Hearing problem		
Inner ear problem		
Dizziness		

Health Issue:	Tick	Provide more detail:
Diabetes (indicate Hyper or Hypo?)		
Epilepsy		
Osteoporosis		
Multiple Sclerosis		
Fibromyalgia		
Chronic Fatigue Syndrome (Myalgic Encephalomyelitis)		
Cancer		
Undergone surgery recently (specify when & what for)		
Any emotional health issues (e.g. stress; anxiety; panic attacks; depression; Seasonal Affective Disorder – SAD etc)		
Are you on any medication that may affect your physical ability?		
Other (please provide detail)....		
Are you flexible / hypermobile? in all or some joint? Please specify.		

3. Have you done yoga before?
If yes, what type and for how long?
What level would you consider yourself? Beginners / mixed / intermediate / advanced / not sure (please highlight)
Which day/time are you interested in joining?

4. What do you want to get from the Class? (tick as many boxes as you like)			
Overall fitness & well being	<input type="checkbox"/>	Toned	<input type="checkbox"/>
I'm interested in the spiritual side of yoga	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>
Stretch	<input type="checkbox"/>	Body Awareness	<input type="checkbox"/>
Breath Awareness	<input type="checkbox"/>	Increase lung capacity	<input type="checkbox"/>
Strengthen Immune System	<input type="checkbox"/>	Better management of PMT	<input type="checkbox"/>
Better management of Menopause	<input type="checkbox"/>	Alleviate sleep disorder	<input type="checkbox"/>
Relaxation / Calm the mind; find peace	<input type="checkbox"/>	Nurture/Pamper myself (some TLC)	<input type="checkbox"/>
Strength	<input type="checkbox"/>	Meditation	<input type="checkbox"/>
Better posture	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Before the class:

1. Try not to have a big meal two hours prior to the class
2. Wear loose, flowing clothes and bring socks and a jumper for the final relaxation
3. Work within your own ability & stop if you feel pain – yoga is not competitive
4. We do have yoga mats but if you have one do bring it – if you would like to purchase one please email me

Thank you for taking the time to fill out the questionnaire.

Please email it back to me or bring to the first class with your course fees.