CCFRI 6/7/24

My goals include:

- ☐ manage stress ||||
- ☐ reduce pain |||| |
- ☐ sharpen brain function |||
- ☐ improve sleep |||| |
- ☐ improve breathing ||
- ☐ increase mobility |||
- ☐ improve balance and coordination ~~||||~~
- ☐ other: promote longevity
- ☐ other:
- ☐ other:

Name (optional):

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Yoga Intake Form

74
68 67
75 77

Name or nickname: **Age:**

1. **Have you been to yoga class before?** |||| | Yes / No

2. **Why did you come to yoga class?**
decrease pain in lower back; need it; stress relief; exercise; relaxation; stress mgmt maintenance; balance; flexibility ~~||||~~

3. **Do you currently exercise?** Yes / No

4. **Are you experiencing physical pain?** yes - ||| sometimes - ||
lower back; joint pain wrists

5. **Please rate your energy level.**

Very low——Low——Medium——High——Very high
1——2——3——4——5
(|| | ||)

6. **How is your sleep?**

Terrible——Bad——ok——Mostly Good——Great*
1——2——3——4——5
(| ||| |)

7. **How would you rate your level of stress?**

None——Low——Medium——High——Very high
1——2——3——4——5
(|| | ||)

8. **Is there anything else you would like to share?**
I would like to sleep more.
1 listed major stressors
1 partial hip repair