Survey 1H St. Ctr.
3/26/24

My goals include:

- [ ] manage stress — ||||
- [ ] reduce pain — ++++
- [ ] sharpen brain function — ++++ ||
- [ ] improve sleep — ++++ ++++ ||
- [ ] improve breathing — ++++
- [ ] increase mobility — ||||
- [ ] improve balance and coordination — |||
- [ ] other: flexibility
- [ ] other:
- [ ] other:

Name (optional):

1. pain, balance, vertigo, mobility, balance + strength

2. managing pain, spinal health, flexibility, strengthening core muscles, taking my shoes off, mind control, breathing

1H Sr Ctr Group FRI

71 68
61 78
66 78
70
75 74

Yoga Intake Form

Name or nickname: **Age:** 75

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

2. **Why did you come to yoga class?** improve health to release stress; relaxation, breathing, stretching +1 +1 joint mobility, improve pain, balance, flexibility, strength learn something new,

3. **Do you currently exercise?** Yes / No / not enough — ||| ++++ |

4. **Are you experiencing physical pain?** yes ++++ no |||
knee, knees, neck + back

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?**

Need to work on balance + strength

husband sick - cause of stress

Give me peace of mind