



Yoga Private Sessions Questionnaire

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Please read and briefly fill out the below questions. These questions are asked to help me get to know you better, get a clear picture of where you are in your overall health, fitness regime, and where you would like to go with Yoga, Meditation and Wellness One-on-One Sessions. Your responses will be kept strictly confidential.

Full Name:

Age:

Where do you live?

Current Medical Conditions / Limitations:

Past Medical Conditions / Limitations:

Prescription Medications and/or Supplements:

Tell me where exercise/yoga/meditation is in your life?

Please describe your diet?

What emotions do you experience most strongly in everyday life?

Tell me about (3) things that love and dislike about your life?

- 1.
- 2.
- 3.

- 1.
- 2.
- 3.

Name (3) strengths and (3) weaknesses:

- 1.
- 2.
- 3.

- 1.
- 2.
- 3.

What are you not willing to put up with anymore?

What must change NOW?

Name (3) specific things you hope to gain from Private Yoga Sessions?

- 1.
- 2.
- 3.

If I had a magic wand, what would you ask me to wave it at?

Thank you for taking the time to complete this questionnaire. I appreciate your openness and willingness to take this life-changing step in your life.

Xo
Cindy Walker