



Developing a Home Practice Questionnaire

Name: _____

Date: _____

What are your goals for home practice? (check all that apply):

Strength – core, back, legs, arms, other _____

Flexibility – hips, shoulders, legs, connective tissue, other _____

Better balance

Stress management

More energy

Better sleep

Other _____

How would you characterize your current level of practice?

Chair Beginning Gentle Intermediate Advanced

What is your desired level of practice?

Other than yoga, what physical activities do you participate in on a regular basis (check all that apply):

- Running Cycling Golf Hiking/walking
 Team sports _____ Other _____

Please list your current hobbies:

Describe where you'll practice (do you have a designated space?):

What yoga props do you have available to you (check all that apply):

- yoga mat blocks strap yoga blanket(s) # _____
 bolster eye bag other _____

What days/times are you willing to/available to commit to your home practice?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							