

# Questionnaire for Parents of Yoga Students

Date: \_\_\_\_\_

1. Child's name \_\_\_\_\_

2. Date of birth \_\_\_\_\_ Current age \_\_\_\_\_

3. Weight (at birth & current weight) \_\_\_\_/\_\_\_\_ Length at birth \_\_\_\_\_

4. Name and telephone number of child's pediatrician

\_\_\_\_\_

5. Comments on labor and delivery \_\_\_\_\_

\_\_\_\_\_

6. Mother's name \_\_\_\_\_

7. Father's name \_\_\_\_\_

8. Brothers \_\_\_\_\_

9. Sisters \_\_\_\_\_

10. Any family members practiced yoga? \_\_\_\_\_ How long? \_\_\_\_\_

11. What is the diagnosis of your child at present?

\_\_\_\_\_

12. What was the original prognosis for the future of your child?

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13. What are the physical symptoms of the disability?

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14. Does your child have convulsions? (please describe)

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15. Does your child have a cardiac problem? (please describe)

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16. Does your child have a problem with his spinal column? \_\_\_\_\_

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17. Has your child undergone surgery? (please describe with dates)

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18. What medication does your child receive? \_\_\_\_\_

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19. Can you think of an other reason, such as a recent physical illness or chronic condition, that might contraindicate the practice of certain yoga practices? \_\_\_\_\_

20. Briefly describe your child's dietary regimen. \_\_\_\_\_

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21. What other treatment or therapies has your child undergone? (Please specify when and for how long) \_\_\_\_\_

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22. Is your child's motor development delayed? (Please describe)

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\_\_\_\_\_

23. How would you describe your child's concentration, attention span, and general awareness? \_\_\_\_\_

\_\_\_\_\_

24. Would you characterize your child as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted, or extroverted?

\_\_\_\_\_

25. How would you describe your child's relationship with

(a) you? \_\_\_\_\_

(b) with other family members? (be specific) \_\_\_\_\_

\_\_\_\_\_

(c) with friends? \_\_\_\_\_

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26. Please describe the attitude of other family members toward your child (i.e. are they accepting, supportive, etc.)

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27. Do you have any evaluations by teachers, doctors, or therapists, including letters, reports, IEP's that you would like to share? (Please attach copies when possible)

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28. How did you hear about yoga therapy, and what do you hope your child would achieve by participating in this program?

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29. Describe anything else you would like us to know about your child. (What makes him/her joyful or sad?)

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