

Trauma-Focused Yoga for Veterans

Date: _____ Number of Classes Attended: _____

Please check your reasons for coming to yoga class:

- | | | |
|---|---|--|
| <input type="checkbox"/> anxiety | <input type="checkbox"/> manage pain (physical) | <input type="checkbox"/> manage anger |
| <input type="checkbox"/> depression | <input type="checkbox"/> manage pain (emotional) | <input type="checkbox"/> improve sleep |
| <input type="checkbox"/> get out of the house | <input type="checkbox"/> stretching/balance/strengthening | <input type="checkbox"/> comradery |

Since coming to yoga:	<i>1. Strongly disagree</i>	<i>2. Somewhat disagree</i>	<i>3. N/A</i>	<i>4. Somewhat agree</i>	<i>5. Strongly agree</i>
My pain is better managed.	1	2	3	4	5
I am sleeping better.	1	2	3	4	5
I have felt less isolated.	1	2	3	4	5
I look forward to going to yoga.	1	2	3	4	5
I feel more open to trying new things.	1	2	3	4	5
I feel comfortable in the room.	1	2	3	4	5
I am able to handle my emotions better.	1	2	3	4	5

What did you enjoy about the yoga today?

Do you have any concerns or comments?

Thanks for coming!

PAIN SCALE ON BACK

PAIN SCALE Please Circle --

0 = No Pain

10 = Worst Pain

Before Yoga

0 1 2 3 4 5 6 7 8 9 10

After Yoga

0 1 2 3 4 5 6 7 8 9 10
