

Deepening the Experience One Year Yoga Training



Questionnaire

Please complete in your own handwriting.

Name _____ DOB _____

Address _____

Telephone _____ Mobile _____

Email _____

When and where did you start to practice yoga?

How did you find yoga or how did yoga find you?

How would you rate your skill in practicing asanas? (This is not measured in levels of strength or/and flexibility) Make a cross on the line below.

Little Medium Intermediate Advanced
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How often do you practice asanas per week currently? (no judgment will be placed on this)

Do you have any experience in pranayama and meditation? Please describe briefly. (not a prerequisite for the participation of the course)

If you have practiced or are still practicing other methods of yoga apart from Ashtanga Vinyasa, which ones are they? Are you still practicing them?

What do you tend to avoid in your yoga practice?

What are your strengths and weaknesses in your yoga practice?

What is it that attracts you to yoga?

Why would you like to do this one-year training?

Have you undergone any study of yoga apart from practicing asanas? If so what, and how long for? What did you enjoy about these studies and what would you have liked to be done differently?

What would you like to have achieved by the end of this training?

Do you consider continuing into the further two-year training after the first year?

