



Embody Balance

THERAPEUTIC YOGA AND MASSAGE

Total Health Assessment

Please note that all information from this assessment will be kept confidential.

Student's name _____

Please check the box that best describes your physical health in the past month.

PHYSICAL BODY	Poor	Needs Improvement	Average	Good	Excellent
General Health					
Physical Fitness					
Strength					
Stamina					
Flexibility					
Range of Motion					
Endurance					
Balance					
Nutrition					
Digestion					
Elimination					
Exercise Habits					
Sleep Quality					
Pain control					

Please describe any physical concerns/issues:

Please check the box that best describes cognitive/emotional well-being in the past month.

SUBTLE BODY	Never	Almost Never	Occasionally	Usually	Always
Energy Body					
I breathe through my nose					
I practice yoga breathing techniques to calm me down					
I practice yoga breathing techniques to energize me					
My breathing is generally smooth and steady					
I have the energy I need throughout the day					
Positive Cognitive and Emotional Qualities	Never	Almost Never	Occasionally	Usually	Always
Feel hopeful about the future					
Feel contented					
Feel calm					
Feel relaxed					
Feel focused					
Have a good sense of humor					
Acknowledge feelings					
Express Feelings appropriately					
Practice forgiveness					
Practice gratitude					
Concerns About Cognitive and Emotional Well-Being	Always	Usually	Occasionally	Almost Never	Never
Feel worried					
Feel regretful					
Difficulty concentrating					
Feel anxious					
Feel sad					
Feel depressed					
Feel stressed					
Memory difficulties					
Feel angry					

Please describe cognitive and emotional concerns :

Please check the box that best describes your relationships in the past month.

Relationships/ Emotional Well-Being	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Have people I trust and can go to for support					
Able to make and maintain friendships					
Have close/intimate relationships					
Express love/concern to those I care about					
I feel comfortable with my sexuality					

Please describe concerns about relationships:

Please check the box that best describes your perceptions in the past month.

Intellect/Inner Guidance/ Perception	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have self awareness of thoughts and feelings					
I listen to my inner voice					
I can observe thoughts & feelings without attachment					
I am sensitive to the feelings of others					
I feel compassion for myself and others					
I am intuitive					
I live mindfully					

Please describe perceptual concerns/issues: _____

Please check the box that best describes your outlook in the past month.

CAUSAL BODY					
Life Satisfaction	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I balance work, school, family, self					
I make time for leisure pursuits					
I am able to set and follow goal(s) for myself					
I feel good about myself					
I am happy with my life					

Life satisfaction concerns/issues:

Spirituality	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My life has meaning and purpose					
I look forward to growing and changing					
I feel connected to something greater than myself					
I have a spiritual or religious practice					
I make time for self-reflection (affirmations, prayers, meditation)					
I have a vision for my life					
I wish to give back for all that is good in my life					

Spiritual concerns/issues:
