

## Participant Questionnaire

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

Geographic Location of Session: \_\_\_\_\_  
(city/state/country)

Gender (choose one)

*Female*

*Male*

*Transgender*

*Other*

Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
(mm/dd/year)

First Language: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Current Religious Tradition (Choose the one best answer)

*Buddhist*

*Catholic*

*Hindu*

*Jewish*

*Muslim*

*Pagan*

*Protestant*

*Non-denominational*

*Atheist*

*Other*

Highest Educational Degree: \_\_\_\_\_

Occupation: \_\_\_\_\_

Preferred Pseudonym: \_\_\_\_\_  
(Identifying name for use in research documents)

Chief Nature of the Reason for Seeking Treatment from a Yoga Therapist:

*Spiritual*

*Physical*

*Emotional*

*Mental*