

## Identify Your Strengths

### 1. Past challenges

<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>

### 2. Health issues/conditions

<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>

### 3. Family situation

<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>

### 4. Past/present career experience

<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>

### 5. Hobbies/activities

<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>

### 6. Other groups/populations

<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<hr/>	<input type="checkbox"/>

**How can yoga help**  (office workers)

Physically \_\_\_\_\_

Energetically \_\_\_\_\_

Mentally \_\_\_\_\_

**How can yoga help** \_\_\_\_\_

Physically \_\_\_\_\_

Energetically \_\_\_\_\_

Mentally \_\_\_\_\_

**How can yoga help** \_\_\_\_\_

Physically \_\_\_\_\_

Energetically \_\_\_\_\_

Mentally \_\_\_\_\_