



Welcome to the LoveYourBrain Yoga Program

This program offers gentle yoga and meditation classes to individuals who have experienced a traumatic brain injury (TBI) and their support people.

Please sign up by answering the following questions. This will take about 10-15 minutes. If extended screen time or fatigue can be a concern for you, we suggest you ask someone to read the questions to you. We collect this information because it is very important for ensuring your safety, and for understanding how this program supports the healing process.

To create a culture of shared experiences related to TBI, our program is only open to the TBI community at this time. TBI is caused by a bump, blow, or jolt to the head, or penetrating head injury. We apologize that people with other types of brain injury (stroke, anoxia, tumor, meningitis, encephalitis, alzheimer's, MS) are not able to participate and we'll do our best to refer you to another program that can meet your needs. Thanks for your understanding.

First Name*

Last Name*

Phone*

Mailing Street*

Mailing City*

Mailing State/Province*

Mailing Zip/Postal Code*

Mailing Country*

Email address:
(required to receive
confirmation email). *

Please confirm email: We'll
share this with the yoga studio
in case a class is cancelled
for weather, etc. *

People with TBI and their caregivers can sign up by each completing their own eligibility form.

Start by clicking below to search the city, state and yoga studio where you would like to participate.

Program Location*



What is your gender?*

What is your birthdate?
(Please enter correct year)*

Please select your age*

The following questions are intended to determine if you're eligible for our program.

Have you been told by a medical professional to ***AVOID*** yoga, meditation, or light physical activity?*

☐ Yes
☐ No

You must be able to move without assistance (i.e., do not use a wheelchair, cane, or walker for everyday movement).

Do you need assistance from a wheelchair, cane or walker for everyday movement?*

☐ Yes
☐ No

Our program includes a group discussion to build community and lasting relationships. Everyone will be asked to share their name, but, after that, you are welcome to simply be present and listen to others.

Are you open to participating in a group discussion for 20 minutes or more?*

☐ Yes
☐ No

Our program best serves people who can follow instructions.

Are you willing to follow instructions?*

☐ Yes
☐ No

Our program is designed to build community, so consistent attendance is important.

Will you make your best effort to attend ALL 6 classes (the first class is mandatory)?*

☐ Yes
☐ No

Why are you interested in participating in LYB Yoga?*

☐ I experienced a traumatic brain injury (TBI)
☐ I am a caregiver/support person
☐ I am a clinician or work in brain injury advocacy

Have you participated in LYB Yoga before?*

- ☐ No, this is my first series
☐ Yes, this is my second series
☐ Yes, this is my third series
☐ Yes, this is my fourth series or higher

Great! Now that we've confirmed you are eligible, the following questions are about your TBI experience.

How old were you when you had your (last) TBI ?*

How did this happen?*

- ☐ Fall
- ☐ Motor vehicle accident
- ☐ Sports-related
- ☐ Assault
- ☐ Work-related
- ☐ Struck by or against an object
- ☐ Other

Please explain how this happened:*

How severe was your (last) TBI?*

- ☐ Mild (concussion)
- ☐ Moderate
- ☐ Severe

Did you lose consciousness?*

- ☐ No
- ☐ Yes, for less than 30 mins
- ☐ Yes, for more than 30 mins, but less than 1 day
- ☐ Yes, for more than 1 day
- ☐ Not sure

Do you currently experience any of the following conditions? (select all that apply)*

- ☐ Light sensitivity
- ☐ Weakness on one side of the body (hemiparesis)
- ☐ Paralysis on one side of the body (hemiplegia)
- ☐ Post-concussion syndrome
- ☐ PTS or PTSD
- ☐ Seizures
- ☐ None of the above

Have you ever served in the US Armed Forces?*

- ☐ Yes
- ☐ No

Please share any medical protocols and other special needs that are important for your yoga teachers to know (include information about service animals, allergies...). Most yoga teachers are not medically trained, so in medical emergencies, our policy is to call 911.

The following questions help us understand the impact of our program so we can best serve the TBI community. Thank you for answering honestly.

These questions are about how you feel overall now (including the past week). Overall, how satisfied are you with...

your physical condition?*

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite
- ☐ Very

how your brain is working, in terms of your concentration, memory, thinking?*

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite
- ☐ Very

your feelings and emotions?*

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite
- ☐ Very

your ability to carry out
day to day activities?*

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite
- ☐ Very

your personal and social life?*

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite
- ☐ Very

your current situation and
future prospects?*

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite
- ☐ Very

In the past 7 days...

I had trouble controlling my temper*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

It was hard to control my behavior*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I said or did things without thinking*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I got impatient with other people*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I was irritable around other people*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I was bothered by little things*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I became easily upset*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I was in conflict with others*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

In the past 7 days...

I had trouble remembering things*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I had trouble keeping track of what I was doing if interrupted*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I had trouble keeping my mind on what I was doing*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I had to work really hard to pay attention or I would make a mistake*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I had trouble concentrating*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I felt confused*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I had difficulty following the
topic of conversation*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I had trouble thinking clearly*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

My thinking was slow*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I reacted slowly to things that
were said or done*

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (2 or 3 times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

Lately...

I felt hopeful*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I had a sense of wellbeing*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

My life was satisfying*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I had a sense of balance in my life*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

My life had meaning*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

My life was worth living*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

My life had purpose*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I thought positively about my future*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I was proud of everything that
I have overcome*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Lately...

I was able to recognize and
overcome challenges*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I tried to see the positive
side in things*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I could adapt easily to new
situations*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I was confident that I could
overcome my limitations*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I found new things to enjoy*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt I can get through difficult times*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I used positive ways to cope with my injury*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt things I went through made me a stronger person*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I achieved emotional balance in my life*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt good about how I have coped with my injury*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

This is an important legal document. In order to participate in this program, you must agree to the following terms. By checking the box below, you are entering into a binding contract. Please review the terms carefully before agreeing. We encourage you to save or print a copy of this waiver for your records.

(1) I understand and acknowledge that participation in the LoveYourBrain Yoga Program, as with participation in ALL physical exercise programs, carries inherent risks. These risks include, but are not limited to, property damage, serious injury, or death from falls, strains and sprains, improper use or failure of equipment, failure to follow instructions, and negligence by myself, my training partner, the instructor, hosting facility, LoveYourBrain Foundation, Inc., or others. (2) I understand that before undertaking the LoveYourBrain Yoga Program, I should consult a physician as to the appropriateness of my proposed activities. I further understand that a yoga studio is not a medical facility and is not equipped or staffed to diagnose medical conditions or to assist me in the implementation of a physical therapy program. (3) I have discussed on this form all physical problems and conditions that may restrict or otherwise affect my activity, and I am able to undertake the yoga exercises and related activities as provided. I understand that if my condition changes in subsequent visits that it is my responsibility to inform my teacher at that time. (4) I understand that I must judge my own capacities. If I experience any pain or discomfort, I will listen to my body, stop, and ask for support from the instructor. (5) I understand that correct execution of certain yoga postures may require hands-on assistance to ensure proper form; I will notify the teacher before class if I want to decline such assistance. (6) I understand and agree that any photos taken during my participation may be released in print or online. (7) I agree that any dispute related to my participation in the LoveYourBrain Yoga Program will be resolved in the courts of Vermont and according to the laws of that State. (8) I knowingly and freely assume all responsibility for any risks, injuries, costs, or damages, known or unknown, which I might incur as a result of participating in the LoveYourBrain Yoga Program. (9) I, for myself, my heirs, assigns, and legal representatives, agree to release, hold harmless, and indemnify (including costs and attorney's fees), to the fullest extent permitted by law, LoveYourBrain Foundation, Inc., its directors, officers, employees, instructor, independent contractors, agents, and representatives, and their successors and assigns, against any claim—including negligence on the part of those being released—related to my participation in the LoveYourBrain Yoga Program.

In consideration of being allowed to participate in the LYB Yoga program, by checking this box I AGREE to the above terms.*

☐

**LoveYourBrain will send you an email within the next 5 business days confirming your spot in our program. Please continue this form until the end and click Submit. **

I have carefully read the above waiver of liability and fully understand its terms.*

Are you under the age of 18 or under the care of a legal guardian? (If yes, you will be asked to have your guardian fill out a waiver.)*

- ☐ Yes
☐ No

This is an important legal document. In order to participate in this program, a legal guardian must agree to the following terms. By checking the box below, you are entering into a binding contract. Please review the terms carefully before agreeing. We encourage you to save or print a copy of this waiver for your records.

A PARENT or LEGAL GUARDIAN must read and agree to the following on behalf of their child/ward.

(1) I understand and acknowledge that participation in the LoveYourBrain Yoga Program, as with participation in ALL physical exercise programs, carries inherent risks. These risks include, but are not limited to, property damage, serious injury, or death from falls, strains and sprains, improper use or failure of equipment, failure to follow instructions, and negligence by myself, my training partner, the instructor, hosting facility, LoveYourBrain Foundation, Inc., or others. (2) I understand that before undertaking the LoveYourBrain Yoga Program, I should consult a physician as to the appropriateness of my proposed activities. I further understand that a yoga studio is not a medical facility and is not equipped or staffed to diagnose medical conditions or to assist me in the implementation of a physical therapy program. (3) I have discussed on this form all physical problems and conditions that may restrict or otherwise affect my activity, and I am able to undertake the yoga exercises and related activities as provided. I understand that if my condition changes in subsequent visits that it is my responsibility to inform my teacher at that time. (4) I understand that I must judge my own capacities. If I experience any pain or discomfort, I will listen to my body, stop, and ask for support from the instructor. (5) I understand that correct execution of certain yoga postures may require hands-on assistance to ensure proper form; I will notify the teacher before class if I want to decline such assistance. (6) I understand and agree that any photos taken during my participation may be released in print or online. (7) I agree that any dispute related to my participation in the LoveYourBrain Yoga Program will be resolved in the courts of Vermont and according to the laws of that State. (8) I knowingly and freely assume all responsibility for any risks, injuries, costs, or damages, known or unknown, which I might incur as a result of participating in the LoveYourBrain Yoga Program. (9) I, for myself, my heirs, assigns, and legal representatives, agree to release, hold harmless, and indemnify (including costs and attorney's fees), to the fullest extent permitted by law, LoveYourBrain Foundation, Inc., its directors, officers, employees, instructor, independent contractors, agents, and representatives, and their successors and assigns, against any claim—including negligence on the part of those being released—related to my participation in the LoveYourBrain Yoga Program.

I am the PARENT or LEGAL GUARDIAN and give my permission for him/her to participate in the LoveYourBrain Yoga Program. I agree, for myself and for my child/ward, to be bound by the terms of the Waiver of Liability above. I further agree to accept full responsibility for any damages, costs, or other expenses, such as medical expenses, incurred due to my child/ward's participation in the LoveYourBrain Yoga Program.

By checking this box, I AGREE to the above terms.*

☐

As the PARENT or LEGAL GUARDIAN, I have carefully read the above waiver of liability and fully understand its terms.*

Where did you hear about our program?

- ☐ Friend or family
- ☐ Health care professional
- ☐ LoveYourBrain website or social media
- ☐ Radio
- ☐ Social Media
- ☐ Support group
- ☐ Yoga studio
- ☐ Other

Please provide more details*

Do you give LYB permission to use the information you provide for research purposes? (LYB will never share your name or contact details.)*

- ☐ Yes
- ☐ No

