APPENDIX B
Yoga Practice, Blood pressure, and Changing Situation Record Form

Week /Date	1	2	3	Stress	crisis	Smoking		ng	Alcohol used			Exercise			Salty eating		
	yoga	yoga	yoga	yes	no	0	1	2	0	1	2	0	1	2	0	1	2
1 start																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

<u>Remark</u> 0 = not change, 1= little change, 2= major change

Week / date		Exper	imental		Co	ntrol gro	Remark				
	HT	BW	HR	RR	BP	HT	BW	HR	RR	BP	
Start											
2											
4											
6											
8											
10											