

Ending Yoga Survey

1. Were your goals and expectations met?
2. Did the class help you? Why or Why not?
3. Will you continue to do Yoga? Yes No
If yes, In a class? Or on your own?
4. How stressed do you feel after class?

	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
In school?	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
At home?	<input type="checkbox"/> Very High	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
5. Do you feel better physically when you are doing Yoga Yes No
6. How often did you attend class?
7. Do you manage highly stressful events better now that you do Yoga?
 Very well Well I get by Not well
8. Since Yoga started, do you still wake up and wish you didn't have to go to work?
 1 x a month 2 x month 1 x a week More than once a week
9. How well do you feel you deal with difficult people now that you do yoga?
 Easily Well Okay Not so well
10. Difficult co-workers?
 Easily Well Okay Not so well
11. How would you describe your daily work experience now that you've learned yoga?
 Enjoyable Adequate Somewhat difficult Intolerable
12. Is it your hope that yoga class will help change this daily work experience?

Please Return to _____, by _____

Thanks!

