

Yoga Pre-Class Survey

1. Why did you decide to take this class?
2. What are your goals and expectations? How do you expect it to help you?
3. Have you ever done Yoga before? Yes No
4. Rate your stress level: Very High High Moderate Low
5. How will you know if Yoga changes your stress level?
6. How often do you plan to attend class?
7. Despite your stress level, how well do you manage highly stressful events now?
 Very well Well I get by Not well
8. Do you ever 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?
 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?
 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!

