



Pre-Survey

Date: June 4, 2019
Library

Location: Georges Creek

1. How would you rate your overall health? (circle one)

1 - Excellent 2 - Very Good 3 - Good 4 - Fair 5 - Poor

2. Do you suffer from “chronic” pain - meaning pain that lasts longer than a regular head ache or tooth ache?

1 - Yes 2 - No 3 - Sometimes

3. Do opioids, either prescriptions (hydrocodone, oxycodone, codeine, etc.) or illicit (heroin), affect you or someone you love?

1 - Yes 2 - No 3 - Sometimes 4 - They have in the past

If you circled yes: 1 - Family member(s) 2 - Friend(s) 3 - Self

4. Do you practice Yoga?

1 - I currently do 2- I have in the past 3- This is my first time

5. Do you believe Yoga can help reduce pain? 1- Yes 2 - No

6. Do you believe Yoga can reduce stress? 1- Yes 2 - No

7. Have you ever practiced breathing exercise/mindfulness/or meditation?

1 - Yes 2 - No

8. What was the main reason for you to sign-up for STEP Yoga?

9. What do you hope to learn from participating in STEP Yoga?
