



Post-Survey

Date: _____

Location: _____

1. How would you rate your overall health? (circle one)
1 - Excellent 2 - Very Good 3 - Good 4 - Fair 5 - Poor
2. Has Yoga helped to reduce any physical or chronic pain that you suffer from?
1 - Yes 2 - No
3. Has Yoga helped to reduce any emotional pain that you suffer from?
1- Yes 2 - No
4. Do you practice Yoga outside of the normal weekly class now?
1 - Yes 2- No 3- Sometimes
5. Did the STEP Yoga program allow you to meet new people and connect with others?
1 - Yes 2 - No
6. Do you feel more “educated” to make decisions about your overall healthcare?
1 - Yes 2 - No 3 - I feel the same as before
7. Do you feel more “empowered” to talk to your doctor and/or pharmacist?
1 - Yes 2 - No 3 - I feel the same as before
8. Do you believe that “breathing” and “mind/body activities” can help reduce pain?
1 - Yes 2 - No
9. Do you know how to properly dispose of old and unused medications?
1 - Yes 2 - No

10. Do you believe that there are alternative options to taking an opioid prescription pain medicine?

1 - Yes 2 - No

11. Do you believe Yoga can help reduce pain?

1- Yes 2 - No

12. Did STEP inspire you to focus more on your personal wellness?

1- Yes 2 - No

13. Did STEP inspire you to encourage your family to focus more on their health?

1- Yes 2 - No

14. Would you participate in STEP Yoga again?

1 - Yes 2 - No

15. Any suggestions to improve the class?

Thank You!