



# ADULT YOGA QUESTIONNAIRE



Name: \_\_\_\_\_ Current Yoga Level: \_\_\_\_\_

Email: \_\_\_\_\_ Phone# \_\_\_\_\_

1. Was this session your first time taking yoga? YES/NO

1a. If no, how long have you been practicing? \_\_\_\_\_

2. What goal did you want to achieve from yoga?

\_\_\_\_\_

3. Do you feel you achieved the above goal? YES / NO Please explain below:

\_\_\_\_\_

\_\_\_\_\_

4. Do you feel you are ready for the next level in Yoga? YES / NO  
(Please explain why or why not below):

\_\_\_\_\_

\_\_\_\_\_

5. What changes if any would you like to see in the Gustine Yoga Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your cooperation!!**

**Any questions please Contact Gustine Recreation Coordinator**

**Tiffany Vitorino 209-564-2518**

