

Date:

Survey on practice of 'Gentle Yoga and Meditation on Breathing'

Meditation on Breathing

> When did I practice?

Falling asleep Daily Frequently A few times Never

Sleep was disturbed Daily Frequently A few times Never

Waking up in am Daily Frequently A few times Never

During the day (specify the situations) *if meditating (occasionally)*

> How did it help me? *Quiet the mind & I fell asleep*

> Comments (if any):

Gentle Yoga

> I practiced Daily Frequently A few times Never

Future classes I want to continue

Yes May be No

Contact info. (If not given before)

Date:

Survey on practice of 'Gentle Yoga and Meditation on Breathing'

Meditation on Breathing

> When did I practice?

Falling asleep Daily Frequently A few times Never

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Waking up in am Daily Frequently A few times Never

During the day (specify the situations) - *Daily - at work (many times)*
Dental cleaning last week - was able to calm myself. / Driving

> How did it help me? *Calmed me immensely / not as anxious*

> Comments (if any):

Gentle Yoga

> I practiced Daily Frequently A few times Never

I haven't done on my own yet except for face

Future classes I want to continue

Yes May be No