



Instructor Research Survey Instructions

Thank you for your participation in the Healer Within Foundation (HWF), “Dissemination Research of Tai Chi and Qigong Personal Practice Program” research project. Instructions on how to collect data using the provided questionnaires appears below:

Introduction to students: Please explain to attendees the opportunity to participate in this exciting HWF research project! The purpose of the research is to demonstrate the effectiveness of dissemination and benefits of a replicable Tai Chi and Qigong program for the general public.

The research is done through the completion of a few simple survey questions, before and after each class. Completing the responses also give participants a chance to observe their own reactions to the practice and their personal progress, too.

Distribute survey response cards: After introducing the research project to students, you will distribute a “Baseline” Questionnaire sheet along with the “Pre-Class/Post-Class” Questionnaire sheet to each participant. Then, in all subsequent weeks, you will distribute a “Pre-Class/Post-Class” Questionnaire sheet to each participant.

IMPORTANT: Distribute “Pre-Class/Post-Class” Questionnaire sheet *before* each class begins! Please direct participants to fill out the responses both before *and* after class.

At the end of your end of 6+ week class session: Complete the Instructor Survey below and mail it, along with all completed student Baseline, and Weekly Pre/Post Class, Questionnaires to: Ping Yang, 8981 McEwen Road, Centerville, OH. 45458.

As an Instructor facilitating this data collection, you will receive a HWF T-shirt when your survey results are received.

Instructor Survey:

Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Class Start Date: _____ Class End Date: _____

Your Training and/or Certification(s): _____

Years of Practice: _____

Years of Teaching: _____

Approximate Number of Classes Taught: _____

Approximate Number of Participants: _____



Qigong/Tai Chi Personal Practice Dissemination Research Project

Dear Research Participant,

We are delighted you have agreed to participate in this important Healer Within Foundation research project! The purpose of the research is to demonstrate the dissemination and benefits of a replicable Tai Chi and Qigong program for the general public.

To begin, please complete the Baseline Questionnaire below. Then, each week you will answer a few questions both before and after class, using the Pre-Class and Post-Class Response Forms.

Return Instructions - If participating in an **in-person class**, be sure to give all your completed questionnaires to your Instructor. If participating in a **virtual class**, mail your completed questionnaires to: Ping Yang, 8981 McEwen Road, Centerville, OH. 45458 **OR** scan and email your questionnaires to pyang071@gmail.com.

Your responses will remain anonymous. We sincerely thank you for your time and valuable feedback!

Baseline Questionnaire:

1. Your Information:

Practice Leader Name (Your Teacher or Group Leader) _____

State (If virtual, the state your Practice Leader is in) _____

Your Email Address (this is your unique ID for research purposes only) _____

2. Gender

- Male
- Female
- Rather Not Say

3. Your Age (in years): _____

4. Education (check highest level completed)

- High school
- 2-year college degree
- 4-year college degree
- Post-graduate degree

5. Have you previously taken a class or regularly practiced Qigong or Tai Chi? (Please select one)

- Yes
- No

6. If you answered "Yes" to Question 2, how often have you been practicing or attending class?

- Every day
- A few times a week
- About once a week
- Once a month
- A few times a month

7. If you answered "Yes" to Question 6, what forms of Tai Chi or Qigong do you normally practice? Please list:

8. What are the main reasons for your medical/doctor visits? (Please check all that apply)

- Skin Disorders
- Joint Pain and Osteoarthritis
- Back Problems
- Sleep Disorder/Insomnia
- Upper Respiratory Problems (Not Including Asthma)
- Anxiety/Bipolar Disorder/Depression
- High Blood Pressure
- Chronic Neurological Disorders
- Headaches/Migraines
- Pre-Diabetes/Diabetes

Other Health Issue(s), please specify _____

9. Please rate the pain in your body today.

0 No Pain	1	2	3	4	5	6	7	8	9	10 Severe Pain
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10. What are your goals for taking this class? (Please check all that apply)

- Decrease stress/anxiety/depression
- Improve mood
- Improve heart/lung function
- Increase energy and stamina
- Improve flexibility/balance/agility
- Improve muscle strength/definition
- Reduce pain
- Socialization

Other: Please list - _____

Weekly Questions Pre-class:

1. Your Information:

Practice Leader Name (Your Teacher or Group Leader) _____

State (If virtual, the state your Practice Leader is in) _____

Your Email Address (this is your unique ID for research purposes only) _____

2. Please rate the pain in your body today (circle one).

0 No Pain	1	2	3	4	5	6	7	8	9	10 Severe Pain
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3. Please rate your energy level today (circle one).

1 Low	2	3	4	5 High
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4. Please rate your body's flexibility today (circle one).

1 Rigid	2	3	4	5 Flexible
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5. Please rate your physical balance (circle one).

1 Poor	2	3	4	5 Good
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6. Please rate your mind's clarity (circle one).

1 Stressed	2	3	4	5 Calm and Clear
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Weekly Questions Post-class:

1. Your Information:

Practice Leader Name (Your Teacher or Group Leader) _____

State (If virtual, the state your Practice Leader is in) _____

Your Email Address (this is your unique ID for research purposes only) _____

2. Please rate the pain in your body today (circle one).

0 No Pain	1	2	3	4	5	6	7	8	9	10 Severe Pain
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3. Please rate your energy level today (circle one).

1 Low	2	3	4	5 High
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4. Please rate your body's flexibility today (circle one).

1 Rigid	2	3	4	5 Flexible
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5. Please rate your physical balance (circle one).

1 Poor	2	3	4	5 Good
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6. Please rate your mind's clarity (circle one).

1 Stressed	2	3	4	5 Calm and Clear
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I enjoyed today's practice (circle one).

1 Disagree	2	3	4	5 Agree
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