

**Bikram Yoga, Bend Oregon Testimonial Questionnaire**

Name:

Age:

Occupation:

When was your first Bikram Yoga class?

Why did you start?

How often do you practice?

What changes have you noticed in your practice?

Are you currently doing or have you ever done a challenge (as in 10-day, 30-day, 60-day)?

If so, what additional changes have you noticed in your body or in your life during the challenge?

If you haven't already, would you consider doing a challenge?

Do you have health issues or a physical condition that Bikram Yoga has helped or continues to help?

What daily activities have you noticed a difference in as you consistently practice Bikram Yoga?

How is your yoga practice contributing to the rest of your life?

Do you have a favorite posture? Why do you like it?

Do you have a least favorite posture? Why don't you like it?

What is your most memorable experience in yoga class?

What has been your most difficult experience in yoga class?

On the back, please feel free to write anything else about your yoga practice that you would like. If you have any questions, concerns, comments, please ask.