



**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](mailto:pyang071@gmail.com).

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

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**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:

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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 (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 (circle one).

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

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