

Date: \_\_\_\_\_

Class duration: \_\_\_\_\_

How many poi classes have you done, including today? (circle one)

1 - 3

4 - 6

7 - 8

Please mark your satisfaction for each row below:

	very dissatisfied	dissatisfied	somewhat dissatisfied	somewhat satisfied	satisfied	very satisfied
How physically demanding the class was	1	2	3	4	5	6
How well the class challenged my physical capabilities	1	2	3	4	5	6
The opportunity to learn new skills	1	2	3	4	5	6
How well the class challenged my mental/cognitive capabilities	1	2	3	4	5	6
How well the class helped me relax	1	2	3	4	5	6
How much fun I had	1	2	3	4	5	6
The overall social atmosphere of the class	1	2	3	4	5	6
The interaction I had with others	1	2	3	4	5	6
How safe I felt while participating	1	2	3	4	5	6

Would you like to continue learning poi in the future?

YES

NO

Any other comments?