

Harmonica For Fun & Health Pre-Survey

Class Location: _____

Administrator/Instructor: _____

Student Name: _____ Date: _____

- 1) Have you ever attended a Pulmonary Rehabilitation Course?
Yes: If so, where? _____
No:

- 2) Are you familiar with the following terms?
 - a. Pursed Lip Breathing Yes: No:
 - b. Diaphragmatic Breathing Yes: No:

- 3) Are you currently participating in an exercise program?
Yes: If so, describe: _____
No:

- 4) For the following questions, please rate the way you feel on a scale of 1 to 10 (10 representing feeling best.)
 - a. Current strength and endurance _____
 - b. Current shortness of breath _____
 - c. Mobility and stamina _____

- 5) Have you played a music instrument before?
Yes: If so, describe: _____
No:

- 6) The **Harmonica for Fun & Health** book includes a CD recording of the songs and exercises in the book. If you do not have a CD player we can make a tape for you. Do you need a tape?
Yes: I would like the CD copied to tape for me
No: I have a CD player and do not need a tape copy.

Harmonica For Fun & Health **Post Survey**

Class Location: _____

Administrator/Instructor: _____

Student Name: _____ Date: _____

- 1) For the following questions, please rate the way you feel on a scale of 1 to 10 (10 representing feeling best.)
 - a. Current strength and endurance ____
 - b. Current shortness of breath ____
 - c. Mobility and stamina ____
- 2) Do you feel that playing harmonica has helped you to breathe better?
Yes: ____
No: ____
- 3) Do you feel that your over-all attitude has improved since starting to play the harmonica?
Yes: ____
No: ____
- 4) From a scale of 1 to 10, how valuable was this class was to you? ____
- 5) How do you think we can make this class better for the next group?

- 6) Testimonial: If you enjoyed the class, would you mind writing us a one to two sentence testimonial that we can use to tell people about the class.

May we use your name with the quote? Yes: ____ No: ____

If so, your name is: _____