



HIPPOCAMPUS EVALUATION

Survey 2 (for participants)

Thank you again for participating in the Hippocampus project. Your answers are very useful for the research. This is the second questionnaire about your general well-being, as the yoga course you are following comes to an end. It will ask you about your stress levels, your overall wellbeing and how you're sleeping.

Your participation in this questionnaire is voluntary. Whilst it will help us if you try and answer all the questions, you can choose not to answer any question or can choose to stop at any time. It is not a test so please answer the questions honestly. The survey should take approximately 10 minutes to complete. Your data will be confidential. The data from all young people filling in this questionnaire will be analysed as a group to see whether or not yoga is helpful to them.

If you have any questions about the questionnaire or research, you can ask your yoga teacher or get in touch with one of the researchers or get in touch with one of the HIPPOCAMPUS team (insert details).

Please click the button below if you agree to take part in the survey (you must click to continue with the survey).

- ☐ **The nature and purpose of the research has been sufficiently explained and I agree to participate in this study. I understand that I am free to withdraw at any time.**

The first question is compulsory so we can link your answers now and after the yoga course

Q1. What is your date of birth? Please enter it in the format DD/MM/YYYY

.....

Q2. What is your gender? Please put a circle around your answer.

..... Male Female Other (please specify)

Q3. Have you practiced yoga before? Please put a circle around your answer.

Yes No (please go to Q6)

If you answered yes to Q3...

Q4. How long have you been practicing yoga? Please put a circle around your answer.

Less than 6 months 6 months to 1 year 1-2 years 2-5 years More than 5 years

Q5. Are you currently attending other yoga classes? Please put a circle around your answer.

Yes No

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Q6. Below are some statements about feelings and thoughts you might have had.

Please tick the box that best describes how often you have experienced each over the last month.

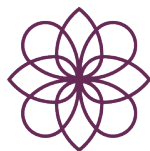
	Never	Almost never	Sometimes	Fairly often	Very often
How often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q7. Below are some statements about feelings and thoughts you might have had.

Please tick the box that best describes how often you have experienced each over the **last 2 weeks**

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling interested in other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've had energy to spare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling loved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been interested in new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling cheerful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8. Below are some statement about your sleep

Please tick the box that best describes your experience of each of the **last 7 days**

	Very poor	Poor	Fair	Good	Very good
My sleep quality was ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little bit	Somewhat	Quite a bit	Very much
My sleep was refreshing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a problem with my sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9. Would you like to add any comments?



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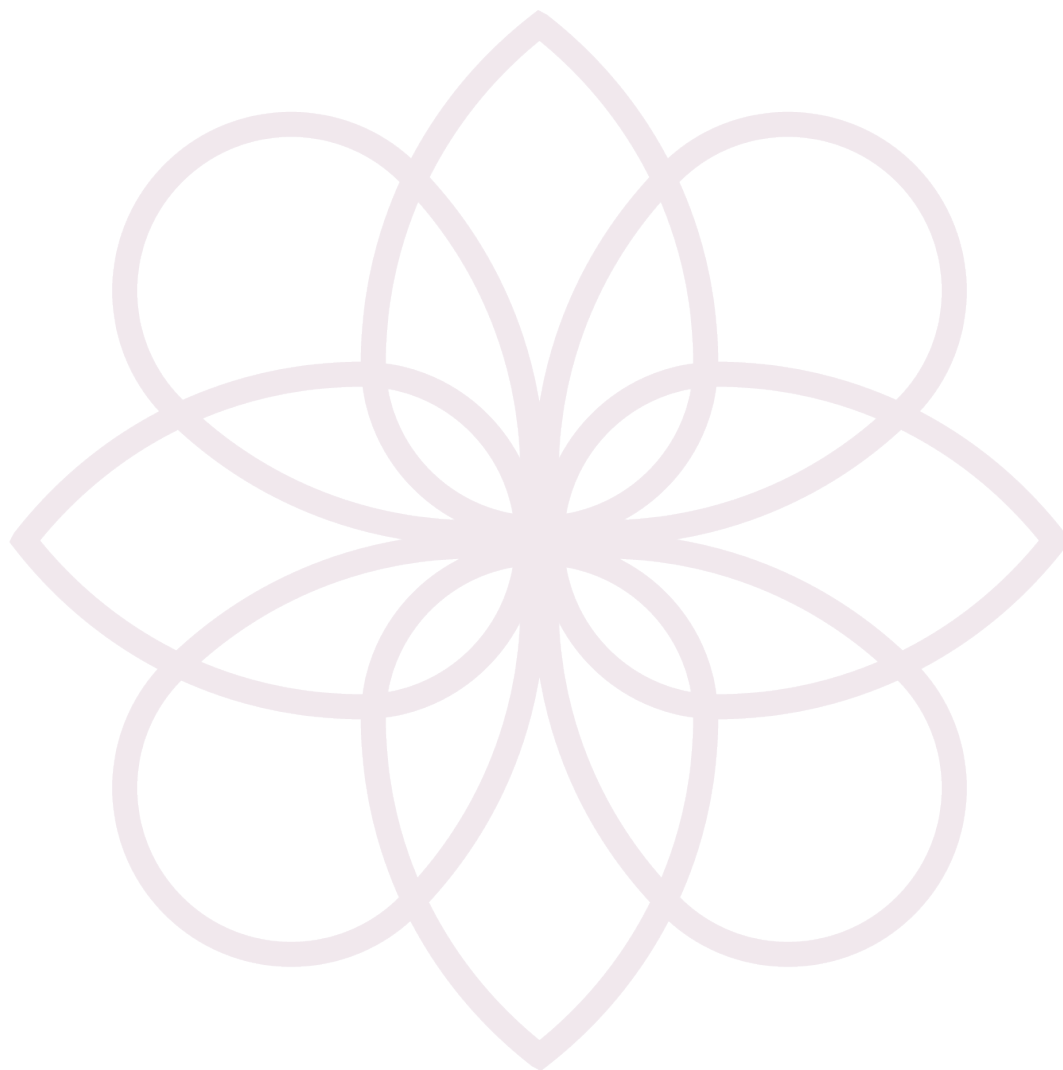
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Thank you for completing this questionnaire.

The purpose of this research is to explore any impact of yoga on your stress and wellbeing. All of your data will be kept confidential and anonymous and there will be no way of identifying your responses in the group.



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