



# Share Your Story: Participant Testimonial

## ***Tai Ji Quan: Moving for Better Balance***

We would like to share your story about the *Tai Ji Quan* workshop to help others living with the fear of falls. (All questions are optional.) We will not share your personal contact information or your last name with the public.

Name \_\_\_\_\_

Do we have permission to use your first name?  Yes  No

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Why did you decide to take the *Tai Ji Quan* workshop?

Now that you have completed the *Tai Ji Quan* workshop, how has it helped you?

What did you hope to gain from taking this workshop?

What differences do you see in your life now?

If you could describe *Tai Ji Quan* in one sentence, or a few words, what would you say?