

# Mindfulness Training Follow-up Survey



**How satisfied were you with each component of the mindfulness coaching workshops?**

	1= Highly Unsatisfied	2	3	4	5 = Highly Satisfied
Mindfulness expertise of the instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindfulness resources shared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of sessions (1-1.5 hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of workshops offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide your comments on the mindfulness coaching workshops you attended here.





**In a typical week over the past 6 months (or semester), how often did you practice mindfulness on your own? Check one box for both formal and informal practice. Formal practice includes planned sessions or setting aside time and informal practice includes unplanned moments of mindfulness throughout the day.**

	Formal Practice	Informal Practice
0 days	<input type="radio"/>	<input type="radio"/>
1 day	<input type="radio"/>	<input type="radio"/>
2 days	<input type="radio"/>	<input type="radio"/>
3 days	<input type="radio"/>	<input type="radio"/>
4 days	<input type="radio"/>	<input type="radio"/>
5 days	<input type="radio"/>	<input type="radio"/>
6 days	<input type="radio"/>	<input type="radio"/>
7 days	<input type="radio"/>	<input type="radio"/>



**On a typical day, estimate how much time did you spend on average when you practiced mindfulness on your own? Check one box for both formal and informal practice. Use your practice journal to help you answer this question if you kept one.**

Formal Practice

Informal Practice

Didn't practice

Less than 5 minutes

5-10 minutes

10-20 minutes

20-30 minutes

More than 30 minutes



**When you practiced mindfulness on your own, what types of practices did you engage in?**

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
Mindfulness of the breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindfulness of the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindfulness of sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindfulness of emotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindfulness of thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kindness practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other:

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Do you plan to continue to practice mindfulness on your own?

- Yes, definitely
- Yes, probably
- Maybe, I'm not sure
- Probably not
- Definitely not

What barriers have you encountered that make it difficult to practice mindfulness? (Check all.)

- I don't have a place to practice mindfulness
- I don't have anyone to practice with
- I don't feel comfortable with practicing mindfulness
- I can't find time to practice mindfulness
- Other (describe below)

Describe:

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Have you used mindfulness strategies with students?

- Never
- Rarely

**To what degree do you think using mindfulness strategies with your students has impacted them?**

	Not at all	Very little	Somewhat	A great deal	Very much
Overall behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped students stay focused and on-task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to self-calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you observed changes in your students, did they occur in:

- No changes observed
- Just a few of your students
- Less than half of your students
- About half of your students



**Please rate each of the following statements using the scale by checking the box that best describes your own opinion of what is generally true for you.**

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
There is a lot I can do to support students to believe they can do well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult to keep students engaged in learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The students I work with feel like they belong at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a lot I can do to help calm a student who is disruptive or noisy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is very challenging to get students to follow classroom or school rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Please rate each of the following statements using the scale by checking the box that best describes your own opinion of what is generally true for you.

Never or very rarely true

Rarely true

Sometimes true

Often true

Very often or always true

I cope well with my situation





**Please rate each of the following statements using the scale by checking the box that best describes your own opinion of what is generally true for you.**

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
When I'm walking, I deliberately notice the sensations of my body moving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm good at finding words to describe my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I criticize myself for having irrational or inappropriate emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I perceive my feelings and emotions without having to react to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I do things, my mind wanders off and I'm easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I take a shower or bath, I stay alert to the sensations of water on my body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily put my beliefs, opinions, and expectations into words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I watch my feelings without getting lost in them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tell myself I shouldn't be feeling the way I'm feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Please rate each of the following statements using the scale by checking the box that best describes your own opinion of what is generally true for you.**

	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
I notice how foods and drinks affect my thoughts, bodily sensations, and emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to find the words to describe what I'm thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe some of my thoughts are abnormal or bad and I shouldn't think that way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention to sensations, such as the wind in my hair or sun on my face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble thinking of the right words to express how I feel about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make judgments about whether my thoughts are good or bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to stay focused on what's happening in the present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have distressing					





Please rate each of the following statements using the scale by checking the box that best describes your own opinion of what is generally true for you.

Never or very  
rarely true

Rarely true

Sometimes true

Often true

