

Mindfulness Post-training Survey

Thank you for completing this survey about the mindfulness training you recently completed. It will take about 10-15 minutes to complete. We appreciate your time.

How many of the 6 mindfulness training sessions held at your school did you attend?

- 1
- 2
- 3
- 4
- 5
- 6



How satisfied were you with each component of the mindfulness course?

	1 = Highly Unsatisfied	2	3	4	5 = Highly Satisfied
Introduction to the practice of mindfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindfulness expertise of instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guided meditations led by the instructor during class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modeling of mindfulness practice by the instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session length (1.5 hrs.)	<input type="radio"/>				





In a typical week, how often did you practice mindfulness on your own during the time you were participating in the 6-session course?

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	<input type="radio"/>	<input type="radio"/>
Less than 5 minutes	<input type="radio"/>	<input type="radio"/>
5-10 minutes	<input type="radio"/>	<input type="radio"/>
10-20 minutes	<input type="radio"/>	<input type="radio"/>
20-30 minutes	<input type="radio"/>	<input type="radio"/>
More than 30 minutes	<input type="radio"/>	<input type="radio"/>



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

	Never	Rarely	Sometimes	Often	Very often
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:

Do you plan to continue to practice mindfulness now that the 6 sessions are over?

- 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:

What support would help you continue your mindfulness practice? (Check all.)

- Setting aside time/making it a priority
- Downloading a mindfulness app
- Reading a book about mindfulness
- Taking a class or workshop
- Practicing with others as a group
- Other (describe below)

Describe

Have you used mindfulness strategies with students?

- Never
- Rarely
- Sometimes
- Often
- Very often

Please describe the mindfulness strategies you have used with students:

Please provide examples of any changes or impact you think your own mindfulness practice has had on students you work with or the classroom/school setting overall.





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"/>				



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



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"/>			



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"/>



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

