Mindfulness Pre-training Survey

Your participation in mindfulness training at your school is part of Mental Health Matters, a local grant funded by the Advancing a Healthier Wisconsin Endowment.

Please complete the first of three surveys about your experiences related to mindfulness and mindfulness training. We will send you additional surveys after you have completed the training, and again next semester. Although completing these surveys may not benefit you directly, your input will provide important information about the impact of mindfulness training and how the training can be improved.

Your participation in these surveys is strictly voluntary. You may refuse to participate or skip any question you do not want to answer. All responses will be confidential. Your contact information will never be connected with your answers and you will not be asked to provide any identifying information on these surveys. We appreciate your willingness to share your opinions.

If you have questions you may contact Peggy O'Halloran, the Mental Health Matters Project Evaluator at 715-577-6153, or Brenda Scheurer, Project Director at 715-577-3460. You can also contact Michelle Broaddus, PhD, the MCW academic partner and Principal Investigator on this project at 414-955-7700.

Alternatively, you may contact the Medical College of Wisconsin/Froedtert Hospital Research Subject Advocate at 414-456-8844 for further information related to the study and your rights as a participant.

By beginning the survey, you attest that:

You are participating in the six-session mindfulness training being provided at your school

You are 18 years of age or older

You voluntarily agree to participate in this survey

You are willing to receive two follow-up surveys upon training completion

Thank you!
Brenda Scheurer
Mental Health Matters Project Director

Peggy O'Halloran Mental Health Matters Evaluator

Michelle Broaddus Mental Health Matters Academic Partner

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Which grade levels do you work with? (Check all.)	☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ other
Have you ever attended a workshop, class, or other professional development opportunity to learn mindfulness?	○ Yes ○ No
Please describe:	
Have you ever practiced mindfulness before attending this session?	○ Never○ A few times○ Several times○ Regularly



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	0	0	0	0	0
It is difficult to keep students engaged in learning	0	0	0	0	0
The students I work with feel like they belong at school	0	0	0	0	0
There is a lot I can do to help calm a student who is disruptive or noisy	0	0	0	0	0
It is very challenging to get students to follow classroom or school rules	0	0	0	0	0

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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

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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	0	0	0	0	0
I'm good at finding words to describe my feelings	0	0	0	0	0
I criticize myself for having irrational or inappropriate emotions	0	0	0	0	0
I perceive my feelings and emotions without having to react to them	0	0	0	0	0
When I do things, my mind wanders off and I'm easily distracted	0	0	0	0	0
When I take a shower or bath, I stay alert to the sensations of water on my body	0	0	0	0	0
I can easily put my beliefs, opinions, and expectations into words	0	0	0	0	0
I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted	0	0	0	0	0
I watch my feelings without getting lost in them	0	0	0	0	0
I tell myself I shouldn't be feeling the way I'm feeling	\circ	\circ	0	0	0



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	0	0	0	0	0
It's hard for me to find the words to describe what I'm thinking	0	0	0	0	0

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I am easily distracted I believe some of my thoughts are abnormal or bad and I shouldn't think that way

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