EXPLORATIONS IN MINDFULNESS
Post-Program Questionnaire

Please take a moment to fill out the post-program questionnaire*.* We greatly appreciate your thoughts about your experience.

**QUESTION RESPONSE (PLEASE CIRCLE BEST OPTION)**

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| I am aware of the mental and physical benefits of practicing mindfulness and meditation. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am confident in my ability to develop a mindfulness practice.  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am aware of how a regular mindfulness practice can positively affect my daily life. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I believe mindfulness and mediation can combat negative stress. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I intentionally practice mindfulness. | Never | Rarely | Monthly | Weekly | Daily |
| This program had a positive impact on my wellbeing. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |

What did you like most about the **Explorations in Mindfulness** program?

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What changes or additions would you recommend for the **Explorations in Mindfulness** program?

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