Explorations in Mindfulness
Pre-Program Questionnaire

Please take a moment to fill out the pre-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 |

What is one thing you would like to learn in the **Explorations in Mindfulness** program?

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