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	0	0	0	0	0	
Mindfulness expertise of instructor	0	0	0	0	0	
Guided meditations led by the instructor during class	0	0	0	0	0	
Modeling of mindfulness practice by the instructor	0	0	0	0	0	
Session length (1.5 hrs.) Program length (6 sessions)	0 0	0 0	0 0	0 0	0 0	

Please provide any other feedback about the course here, including what went well and/or what could be improved. Your comments are very helpful in improving the quality of this course.



After participating in the 6 week mindfulness training course at school, how much do you agree or disagree with each of the following statements?

agree or disagree with each of the following statements?								
	1 = Strongly Disagree	2	3	4	5	6	7 = Strongly Agree	
l have increased my understanding of what mindfulness is	0	0	0	0	0	0	0	
l know of at least 1 simple way to use mindfulness practice in my daily life	0	0	0	0	0	0	0	
l plan to practice mindfulness on my own	0	0	0	0	0	0	0	
l think mindfulness skills will be useful to me in my work with students	0	0	0	0	0	0	0	
l plan to use mindfulness skills with students	0	0	0	0	0	0	0	
Mindfulness has helped me cope with stressful situations	0	0	0	0	0	0	0	
My own mindfulness practice has had a positive impact on how I interact with students	0	0	0	0	0	\bigcirc	0	
I have noticed a change in the atmosphere of my classroom or other school setting since I began my mindfulness practice	0	0	0	0	0	0	0	
My mindfulness practice has helped me to manage student behaviors effectively and compassionately	0	0	0	0	0	0	0	
My mindfulness practice has helped me to establish and maintain supportive relationships with students	0	0	0	0	0	0	0	
Mindfulness has helped me to promote awareness and concentration among students	0	0	0	0	0	0	0	
Mindfulness has helped me with my life in school	0	0	0	0	0	0	0	
Mindfulness has helped me with my life at home	0	0	\bigcirc	\bigcirc	0	0	\bigcirc	
l would recommend mindfulness training to my coworkers	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	



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	0	0
1 day	0	\bigcirc
2 days	\bigcirc	0
3 days	\bigcirc	0
4 days	0	0
5 days	\bigcirc	0
6 days	0	0
7 days	0	0



REDCap

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	0	0
Less than 5 minutes	0	0
5-10 minutes	0	0
10-20 minutes	0	0
20-30 minutes	0	0
More than 30 minutes	0	0

REDCap

When you practiced mindf	ulness on your o	own, what	t types of practice	s did you en	gage in?		
	Never	Rarely	Sometimes	Often	Very often		
Mindfulness of the breath	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Mindfulness of the body	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc		
Mindfulness of sounds	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Mindfulness of emotion	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc		
Mindfulness of thinking	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc		
Kindness practices	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Other (describe below)	0	0	0	0	0		
Other:							
Do you plan to continue to practi that the 6 sessions are over?	ice mindfulness nov	N	 Yes, definitely Yes, probably Maybe, I'm not su Probably not Definitely not 	ıre			
What barriers have you encounted difficult to practice mindfulness?	 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 used with students:	strategies you have	e					
Please provide examples of any of think your own mindfulness pract students you work with or the cla overall.	tice has had on	-					



Are you interested in learning more about how to use mindfulness techniques with students?

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

10/25/2021 9:30am



	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
lt is very challenging to get students to follow classroom or school rules	0	0	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.						
describes your own opinion	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true	
l cope well with highly stressful situations at home	0	0	0	0	0	
I cope well with highly stressful situations at school	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	
I am confident in my ability to control my emotions in stressful situations	0	0	0	0	0	
When I'm in a stressful situation, I focus my attention on the aspects of the situation I can manage	0	0	0	0	0	
When highly stressed, I am able to change my thinking to calm down	0	0	0	0	0	



Please rate each of the follo	owing stateme	ents using th	e scale by checl	king the box	that best
describes your own opinion	of what is ge	nerally true f	for you.		
	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
There are days when I feel tired before I arrive at work	\bigcirc	\bigcirc	\bigcirc	0	0
After work, I tend to need more time than in the past in order to relax and feel better	0	0	0	0	0
I can tolerate the pressure of my work very well	0	0	0	0	0
During my work, I often feel emotionally drained	0	0	0	0	0
When I work, I usually feel energized	0	0	0	\bigcirc	0
I find my work to be a positive challenge	0	0	0	0	0
After my work, I usually feel worn out and weary	0	0	0	0	0
I feel more and more engaged in my work	0	0	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	
When I'm walking, I deliberately notice the sensations of my body moving	0	0	0	0	0	
l'm good at finding words to describe my feelings	0	0	0	0	0	
l 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	
l don't pay attention to what l'm doing because l'm daydreaming, worrying, or otherwise distracted	0	0	0	0	0	
l 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	0	0	0	0	0	



	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
l 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	\bigcirc
l am easily distracted	0	\bigcirc	0	\bigcirc	0
I believe some of my thoughts are abnormal or bad and I shouldn't think that way	0	0	0	0	0
l pay attention to sensations, such as the wind in my hair or sun on my face	0	0	0	0	0
I have trouble thinking of the right words to express how I feel about things	0	0	0	0	0
l make judgments about whether my thoughts are good or bad	0	0	0	0	0
I find it difficult to stay focused on what's happening in the present	0	0	0	0	0
When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it	0	0	0	0	0
l pay attention to sounds, such as clocks ticking, birds chirping, or cars passing	0	0	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 ge	-	for you.			
	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true	
In difficult situations, I can pause without immediately reacting	0	0	0	0	0	
When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words	0	0	0	0	0	
It seems I am "running on automatic" without much awareness of what I'm doing	0	0	0	0	0	
When I have distressing thoughts or images, I feel calm	0	0	0	\bigcirc	0	
soon after I tell myself that I shouldn't be thinking the way I'm thinking	0	0	0	\bigcirc	0	
l notice the smells and aromas of things	0	0	0	0	0	
Even when I'm feeling terribly upset, I can find a way to put it into words	0	0	0	0	0	
l rush through activities without being really attentive to them	0	0	0	\bigcirc	0	



describes your own opinion	Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true
When I have distressing thoughts or images I am able just to notice them without reacting		0	0	0	
I think some of my emotions are bad or inappropriate and I shouldn't feel them	0	0	0	0	0
l notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow	0	0	0	0	0
My natural tendency is to put my experiences into words	0	0	0	\bigcirc	0
When I have distressing thoughts or images, I just notice them and let them go	0	0	0	0	0
I do jobs or tasks automatically without being aware of what I'm doing	0	0	0	0	0
When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about	0	0	0	0	0
l pay attention to how my emotions affect my thoughts and behavior	0	0	0	0	0
l can usually describe how l feel at the moment in considerable detail	0	0	0	0	0
I find myself doing things without paying attention	0	0	0	\bigcirc	0
l disapprove of myself when l have irrational ideas	0	0	0	\bigcirc	0

