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

| Gender | ○ Male○ Female○ Other |
|----------------|---|
| Age | |
| Position held: | |

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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? | YesNo |
| Please describe: | |
| Have you ever practiced mindfulness before attending this session? | ○ Never○ A few times○ Several times○ Regularly |

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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 |
|---|---------------------------|-------------|----------------|------------|------------------------------|
| 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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|--|
| 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 |
|---|---------------------------|-------------|----------------|------------|------------------------------|
| l cope well with highly stressful situations at home | 0 | 0 | \circ | 0 | \circ |
| I cope well with highly stressful situations at school | 0 | 0 | 0 | 0 | 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 |



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|--|
| 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 are days when I feel tired before I arrive at work | 0 | 0 | 0 | 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 | 0 | 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 | \circ | 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 |
| 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 | 0 | \circ | 0 | 0 | \circ |



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 |
| I am easily distracted | \circ | \circ | \circ | \circ | \circ |
| I believe some of my thoughts are abnormal or bad and I shouldn't think that way | 0 | 0 | 0 | 0 | 0 |
| I 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 |
| I 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 |
| I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing | 0 | 0 | 0 | 0 | 0 |



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|--|------------------------------|-------------|----------------|------------|------------------------------|
| 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 | \circ | \circ | 0 | \circ | 0 |
| soon after I tell myself that I shouldn't be thinking the way I'm thinking | 0 | 0 | 0 | 0 | 0 |
| I 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 |
| I rush through activities without being really attentive to them | 0 | \circ | 0 | \circ | \circ |



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 have distressing thoughts or images I am able just to notice them without reacting | 0 | 0 | 0 | 0 | 0 |
| I think some of my emotions are bad or inappropriate and I shouldn't feel them | 0 | 0 | 0 | 0 | 0 |
| I 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 | 0 | 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 |
| I pay attention to how my emotions affect my thoughts and behavior | 0 | 0 | 0 | 0 | 0 |
| I can usually describe how I feel at the moment in considerable detail | 0 | 0 | 0 | 0 | 0 |
| I find myself doing things without paying attention | 0 | 0 | 0 | 0 | 0 |
| I disapprove of myself when I have irrational ideas | 0 | 0 | 0 | 0 | 0 |

