*MINDFULNESS-BASED STRESS REDUCTION (MBSR)*

*With Nancy Bennett*

Thank you for completing this form. Any information you provide will be kept in strictest confidence.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please indicate best number to leave you a message.)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If referred to the program, please indicate who suggested it to you:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taken a previous Introduction to Mindfulness-Based Stress Reduction or the 8-week Mindfulness-Based Stress Reduction course?

Yes (when) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you anticipate being able to

Attend all the weekly classes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commit to regular daily practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attend the day-long session between class 5 and class 6? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your main reason for participating in the Mindfulness-Based Stress

Reduction program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Family Information: (please circle)

Single Married Not married Living with Partner Separated Divorced Widowed

5. Children: (Yes/No) \_\_\_\_\_\_ If yes, how many? \_\_\_\_\_\_\_\_\_\_\_Ages?\_\_\_\_\_\_\_\_

6. Do you have close friends? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Sleep quality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Do you smoke? \_\_\_\_\_\_\_\_\_\_\_ 9. Caffeinated drinks/day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do you use drugs or alcohol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given the experiential nature of this course and the commitment involved, it is important to consider your circumstances and timing of participation in the program. Please circle all that apply.

• Recently sought psychiatric help?

• Experienced a recent loss or trauma?

• Have post-traumatic stress disorder?

• Acute depression?

• Used/using substances to cope?

• New in recovery from substance use?

• Had spells of terror or panic?

• Had thoughts of death or dying?

• Urges to harm self or others?

• Considered suicide?

Please take a moment to respond to the following three questions:

11. What do you care about most?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What gives you the most pleasure in your life?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. What are your greatest worries? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST THREE PERSONAL GOALS YOU HAVE FOR TAKING THE MINDFULNESS-BASED STRESS REDUCTION PROGRAM:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*MINDFULNESS-BASED STRESS REDUCTION (MBSR)*

INFORMED CONSENT AGREEMENT

The risks, benefits and possible side effects of the Mindfulness-Based Stress Reduction program were explained to me. This includes skill training in meditation methods as well as gentle stretching/mindful movement (yoga) exercises. I understand that if for any reason I am unable to or think it unwise to engage in these techniques and exercises either during the weekly sessions at Innerlight or at home, I am under no obligation to engage in these techniques nor will I hold the above named persons or facility liable for any injury incurred from these exercises.

Furthermore, I understand I am expected to attend each of the eight (8) weekly sessions, the All Day session and to practice the home assignments for 40-60 minutes per day during the duration of this training program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Please print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

EMAIL COMMUNICATION CONSENT

As a participant in the Mindfulness-Based Stress Reduction program, you may wish to communicate with your instructor via email on occasion. In order to ensure your privacy, we request you give written permission for this form of correspondence.

Please complete the form below and check one of the following options:

\_\_\_\_\_\_I give my permission to communicate via email with my program instructor about any aspect of my Mindfulness-Based Stress Reduction experience.

\_\_\_\_\_\_\_I DO NOT give permission to communicate via email.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_