

Mindfulness Intervention Satisfaction Survey

(To be completed by mindfulness participants at the end of the intervention)

The following questions ask for your opinions about the mindfulness program in which you participated. Please circle the response that best describes your opinion.

1. Overall, I am satisfied with my experience participating in the mindfulness course.

0=Not at all
1=A little bit
2=Somewhat
3=Quite a bit
4= Very much

2. I liked the mindfulness program.

0=Not at all
1=A little bit
2=Somewhat
3=Quite a bit
4= Very much

3. I found it interesting to learn how to practice mindfulness.

0=Not at all
1=A little bit
2=Somewhat
3=Quite a bit
4= Very much

4. If I could, I would like to continue doing this mindfulness program for a longer period of time.

0=Not at all
1=A little bit
2=Somewhat
3=Quite a bit
4= Very much

5. I plan to keep practicing mindfulness meditation on my own.

0=Not at all
1=A little bit
2=Somewhat
3=Quite a bit
4= Very much

6. I have told other people about some of the benefits of mindfulness practice.

0=Not at all
1=A little bit
2=Somewhat
3=Quite a bit
4= Very much

As a result of taking this mindfulness course I have noticed...

7. I experience everyday activities (e.g., eating, brushing my teeth, walking) with greater awareness than I did before.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

8. I have a greater appreciation for the importance of simply noticing my thoughts, emotions and bodily sensations as they arise vs. automatically reacting to them.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

9. I am not as hard on myself when I make a mistake as I was before.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

10. I have found that paying attention in this way can be difficult at times.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

11. I feel a greater sense of curiosity in myself.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

12. I feel a greater sense of connection with others affected by prostate cancer.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

13. I have an increased ability to observe my thoughts or emotions when they arise without being taken over by them.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

14. I have a greater awareness of my body and different physical sensations.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

15. I have an increased ability to listen more fully to others who are speaking to me.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

16. I interact with other people (e.g., spouse, friends, colleagues) with greater presence and ability to pay attention than before.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

17. I have made changes in my lifestyle.

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

17a. If you have made changes in your lifestyle, please specify what they are.

17b. If you have made changes in your lifestyle, to what extent do you feel confident in your ability to sustain the lifestyle changes you have made as a result of taking this course?

- 0=Not at all
- 1=A little bit
- 2=Somewhat
- 3=Quite a bit
- 4= Very much

The following questions ask about your experience in the mindfulness program in which you participated. Please circle the response that best describes your experience.

18. In general, how often did you listen to the meditation CDs / audio link during the course?

- 0=Not at all
- 1=Less than once a week
- 2=Once or twice a week
- 3=A few times a week (3-4 times)
- 4=Several times a week (5-6 times)
- 5=At least once a day

Comments:	
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19. Between classes of this course, how often did you do your “home practice” each week (e.g., body awareness practice, yoga, walking or sitting meditations)?

- 1=Never
- 2=Rarely (e.g., once a week)
- 3=Sometimes (e.g., a couple times a week)
- 4=Often (e.g., almost every day)
- 5=Always (e.g., every day)

Comments:	
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20. How difficult was it for you to practice at home, if at all?

- 4=Not at all
- 3=A little bit
- 2=Somewhat
- 1=Quite a bit
- 0= Very much

20a. If practicing at home was difficult at all, please let us know why in the space below.

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