

# 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 al?**

- 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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