



CONFIDENTIAL INTERVIEW for A Mindful Course™

Pre-Program Assessment

Today's Date:

Thank you for filling out the following forms. Any information shared in these pieces is confidential and will be used to help choose appropriate themes during the next eight weeks. Complete, scan & return to me: drchris@q4consulting.com

Name:

Address:

Preferred E-mail:

Telephone: Home/Cell/Work

Date of Birth:

Gender: Male/Female

Occupation:

Employment Status:

Current Responsibilities (work/home/other):

Health Questions:

Describe your sleep quality:

Do you smoke? If so, how much?

of Caffeinated drinks per day:

Describe your dietary habits:

Describe your exercise habits:

Current Medications (prescription and over the counter):

Describe current medical problems affecting your life in anyway:

Do you have chronic physical pain or limitations? Please describe:

Below are **common symptoms** people experience. Please check those that you currently experiencing? If NONE, then check that box. (Please check all that apply; double-check the most bothersome)

<i>addictive behavior</i>	<i>exhaustion</i>	<i>numbness (emotional)</i>
<i>anger</i>	<i>fear</i>	<i>overwhelm</i>
<i>anxiety</i>	<i>frequent accidents</i>	<i>panic</i>
<i>appetite change</i>	<i>frustration</i>	<i>problem concentrating</i>
<i>breathing problems</i>	<i>guilt</i>	<i>sadness</i>
<i>cynicism</i>	<i>headache</i>	<i>sleep disturbance</i>
<i>decreased drive</i>	<i>irritability</i>	<i>temper outbursts</i>
<i>depressed mood</i>	<i>lack of energy</i>	<i>withdrawal</i>
<i>detachment</i>	<i>loss of enthusiasm</i>	<i>ANY OTHERS:</i>
<i>edginess</i>	<i>muscle tension</i>	<i>NONE OF THESE</i>

How do you currently manage stress? (Check all that apply)

<i>sleep</i>	<i>meditation</i>	<i>seeking support</i>
<i>nutrition</i>	<i>yoga</i>	<i>network of friends</i>
<i>physical activity</i>	<i>humor</i>	<i>spirituality</i>
<i>prioritize</i>	<i>set limits</i>	<i>objectivity</i>
<i>vacations/breaks</i>	<i>self-reflection</i>	<i>advocacy</i>
<i>interests/hobbies</i>	<i>journaling</i>	<i>grieve well</i>
<i>set realistic goals</i>	<i>reorganizing</i>	<i>ANY OTHERS:</i>
<i>vary routine</i>	<i>communicate</i>	<i>NONE OF THESE*****</i>

Ethnic background and Religious affiliation:

How did you hear about the A Mindful Course™?

What is the main reason for participating in the A Mindful Course™, a mindfulness based stress reduction course?

What is your experience with meditation?

What is your experience with yoga?

How do you have fun and spend leisure time?

Please describe what your goals are for the A Mindful Course™? :

- 1.
- 2.
- 3.

Please answer the following in detail:

1. What do you care about the most?

2. What are your greatest worries?

3. What gives you the most pleasure in life?

Is there anything else you wish to share that will contribute to how A Mindful Course™ may best serve your needs?



INFORMED PARTICIPATION AGREEMENT

The risks, benefits, and possible side effects of A Mindful Course,™ a mindfulness based stress reduction program, (MBSR), were explained to me. This includes training in methods of relaxation and meditation, as well as stretching (yoga) and somatic 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 home, I am under no obligation to engage in these techniques nor will I hold the named faculty: Chris L. Johnson, for any injury incurred from these exercises.

I understand that I am expected to attend each of the eight weekly sessions, the daylong session, and to practice the home assignments for 30-60 minutes per day during the duration of A Mindful Course™ training program. It is my intention to participate as fully a possible during the MBSR program, and make a commitment towards dedicating time to taking care of myself.

_____ **Date**

_____ **Please Print Name**

_____ **Participant's Signature**

EMAIL COMMUNICATION

As a participant in A Mindful Course™, you may wish to communicate with your instructor via email. In order to ensure your privacy, we request that you give written permission for this form of correspondence. Please fill in the preferred email address; and, check one of the following options:

Preferred Email Address to be used: _____

Please Print Email Address

___ I GIVE my permission to communicate via email with my program instructor about any aspect of my Stress Reduction Program experience.

___ I DO NOT give permission to communicate via email.



RESEARCH CONSENT AGREEMENT

The information from your responses to the following questionnaires may be useful to you and to us in following your progress through the A Mindful Course™, a mindfulness based stress reduction course. It might also be useful in helping us to improve the program for others. For this reason, the information might be used, anonymously, for statistical research purposes on the kinds of changes people experience as a result of participating in the A Mindful Course™.

You will NOT be identified as an individual in any of the analyses, nor in any publication that results from it. Thank you.

_____ YES, I agree that my information can be used.

_____ NO, I do not want my information to be used.

_____ Date

_____ Print Name

_____ Signature



RELEASE AND WAIVER OF LIABILITY AGREEMENT

This Release and Waiver of Liability Agreement is entered into

This _____ day of _____ 201_____, by and between Chris L. Johnson (Instructor), and _____ (Student).

This Release and Waiver of Liability Agreement is intended to be broad and inclusive and includes, but is not limited to, the following terms and conditions:

1. **STUDENT'S REPRESENTATIONS.** Student understands that the Instructor will share her knowledge of Meditation and Yoga in this section of A Mindful Course™, a mindfulness based stress reduction program (the "Course"). Student agrees to take full responsibility for not exceeding Student's personal limits in participating in the Class. Student agrees to take full responsibility for any injury Student might suffer during Student's participation in the Class or during Student's personal Practice of Meditation and Yoga at any time or any place. Student agrees to take full responsibility to ascertain that there is no medical reason to prevent Student's participation in the Class.

2. **RELEASE OF LIABILITY ABND HOLD HARMLESS.** Student understands that injury can occur as the result of participation in the Class and the practice of Meditation and Yoga. By participating in the Course, Student assumes, accepts, and acknowledges all responsibility for any injury associated with Student's participation in the Course and the practice of Meditation and Yoga, and student agrees, to the fullest extent allowed by law, to release, and hold harmless, Instructor and all of Instructor's family members, agents, employees, shareholders, and representatives (the "Indemnified Parties"), to Student relating to the Student's participation in the Course of the Student's personal practice of Meditation and Yoga, and Student agrees to indemnify the Indemnified Parties from any and all claims, demands, causes of action, liability and damages, including court costs and attorney's fees, resulting from any injury to Student relating to the Student's participation in the Course of the Student's personal practice of Meditation and Yoga. This assumption of risk and release of liability and indemnification shall apply even if Instructor's sole negligence is the cause of such injury.

The Student agrees to all terms and conditions as stated in the above Agreement.

Student Signature: _____

Address: _____

City & State: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email : _____