## UCSD Mindfulness-Based Stress Reduction Program 1. Introduction In order to be sure that we are meeting your needs in the Mindfulness-Based Stress Reduction (MBSR) program at UCSD, we would appreciate you taking a few minutes to enter your responses to the following questions. Please click on the appropriate number to indicate your personal experience with the service provided by the Mindfulness-Based Stress Reduction Program during your recent participation. If a question does not apply to you, please leave it blank. 1. Who taught the class that you are evaluating today? Teacher #1 Teacher #2 **Teacher Name** 2. Extent to which you feel you were informed of the format, content, expectations and requirements of the UCSD MBSR program. Very Poor Poor Fair Good Very Good 3. Quality of the materials and readings provided Very Poor Poor Fair Good Very Good 4. Extent to which the staff respected your personal privacy and willingness to participate in discussions. Very Poor Poor Fair Good Very Good 5. How would you rate the service you received overall? Very Poor Poor Fair Good Very Good 6. How would you rate your medical and psychological status now compared to when you started the program? Much Worse Mildly Worse About the Same Mildly Improved Much Improved

7. To what extent has o	ur program met y	your needs?			
Not at all	Very little	Somewha	at A mo	oderate amount	
A great deal					
. The following are the	e program's learn	ing objectives:			
Articulate the key asp	ects of mindfulne	ess as it relates to	stress reduction,	coping with pain	and illness and
nhancing well-being					
Differentiate MBSR front independent of the control			·	-	
ractice and apply mi			-	• .	•
ontending more effect	-		-		
Integrate mindfulness cilitate more effective		•	ts, colleagues, sup	pervisors, family	and friends to
Articulate the potentia			tress reduction (ar	nd mindfulness ir	general) to
ducate patients and th			•		. g,
Implement brief mindf	ulness practices	with patients and	d family members	as a means of co	ontending with
cute pain, anxiety and	distress.				
Please rate the extent t	to which you thin	k each of the cou	ırse ohiectives (su	mmarized helow	) was achieved
by the program.	to writeri you triiri	k each of the cot	ii se objectives (su	mmanzed below	) was achieved
	Completely	Mostly	Moderately	Somewhat	Not at all
Articulate the key aspects of mindfulness					
ifferentiate MBSR from					
laxation and other					
straction techniques					
Practice and apply nindfulness					
n both personal and					
rofessional settings					
ntegrate mindfulness					
rith patients,					
olleagues, supervisors, amily and friends		-			
•					
rticulate the notontial					
penefits of mindfulness- pased stress reduction			0		
benefits of mindfulness- based stress reduction to educate patients and			0		
Articulate the potential benefits of mindfulness-based stress reduction to educate patients and their families  Implement brief			0		
penefits of mindfulness- pased stress reduction o educate patients and heir families					

Very Little	Little	Adequate	Good Deal
Great Deal			
10. How useful wa	s the content of this CI	E program for your prac	ctice or other professional development?
Not Useful At All	Not Useful	Somewhat Useful	Very Useful
Extremely Useful			
11. How would you	ı rate the responsivene	ess of the program to y	our special requests or questions?
Very Poor	Poor	Fair	Good
Very Good			
12. How satisfied v	vere you with the style	of instruction?	
Very Unsatisfied	Somewhat Unsatisfied	Neither Satisfied of Unsatisfied	or Somewhat Satisfied
mindfulness (body	scan, seated meditation	on, yoga/mindful move	ment)?
13. On average, ho mindfulness (body		, , ,	
13. On average, ho mindfulness (body	scan, seated meditation	on, yoga/mindful move	ment)?
13. On average, he mindfulness (body <10 minutes >40 minutes	scan, seated meditation 10-20 minutes	on, yoga/mindful movel  20-30 minutes  ck about the teachers i	·
13. On average, homindfulness (body <10 minutes >40 minutes  14. Please provide did well, what would see the s	scan, seated meditation  10-20 minutes  some specific feedback Id you like to see impro	on, yoga/mindful movel  20-30 minutes  ck about the teachers in oved?	ment)?  30-40 minutes  n your MBSR class. What did you feel ea
13. On average, homindfulness (body <10 minutes >40 minutes  14. Please provide did well, what would see the s	scan, seated meditation  10-20 minutes  some specific feedback Id you like to see impro	on, yoga/mindful movel  20-30 minutes  ck about the teachers in oved?	ment)?
13. On average, homindfulness (body <10 minutes >40 minutes  14. Please providedid well, what would show the second state of t	scan, seated meditation  10-20 minutes  some specific feedback Id you like to see impro	on, yoga/mindful movel  20-30 minutes  ck about the teachers in oved?	ment)?  30-40 minutes  n your MBSR class. What did you feel ea
13. On average, homindfulness (body <10 minutes >40 minutes  14. Please providedid well, what would solve the second seco	scan, seated meditation  10-20 minutes  some specific feedback Id you like to see impro	on, yoga/mindful movel  20-30 minutes  ck about the teachers in oved?  to others? And, if so, we have a some content of the co	ment)?  30-40 minutes  n your MBSR class. What did you feel each
13. On average, he mindfulness (body <10 minutes >40 minutes  14. Please provide did well, what would solve the second se	scan, seated meditation  10-20 minutes  some specific feedback Id you like to see impro	on, yoga/mindful movel  20-30 minutes  ck about the teachers in oved?	ment)?  30-40 minutes  n your MBSR class. What did you feel each

17. What wo	uld you consider the best aspect of this program overall?
I	
18. Which m	indfulness practices that you learned in class did you find you preferred most?
19. Which of	the mindfulness practices do you feel you are likely to continue to use in the weeks and
months ahea	ad?
	SD Center for Mindfulness maintains a listserve to keep in touch with graduates of the MBSF
	you would like to have your email address added to that list to receive updates and notification
mindfulness(	events (including all-day sessions), please enter your email below or contact us at

UCSD Mindfulness-Based Stress Reduction Program
2. Thank You
Thank you for taking the time to complete this survey so that we can learn from your experience to improve the Mindfulness-Based Stress Reduction program. If you have any further questions or comments, please do not hesitate to reach Dr. Hickman via email at shickman@ucsd.edu or by phone at 858-334-4633.