

Mindfulness-Based Stress Reduction Workshops

Buchanan Counseling Center, Wile Hall, Suite 442, 1812 N. Capitol Ave., Indianapolis, IN. 46206

Name: _____

Date: _____

Early registration is strongly recommended in order to process your application prior to the pre-orientation session. Class size is limited and often met prior to the registration deadline. Applications are accepted on a first come, first served basis.

General Information: (If additional writing space is needed, please use back of form)

1. Please describe what you consider to be stressful in your life; i.e., job, relationships, illness, etc.

2. What are your greatest worries and stresses?

3. What are the current ways you try to manage stress?

Helpful: 1.

2.

3.

Not helpful: 1.

2.

3.

4. Please rate your overall stress level at this point in life using a 1 to 10 scale; 1 being stress free and 10 being stressed to the max. (Please circle the corresponding number)

1—2—3—4—5—6—7—8—9—10

13. Please describe your physical health at this time.

14. Please describe your sleep quality.

15. Please describe your emotional health. What are your biggest emotional challenges?

16. Please describe your spiritual health. What is most challenging spiritually for you?

17. How do you feel about the future?

18. Please describe your support system.

19. At the completion of this workshop, imagining that you do learn everything that you want to learn, how would you like to experience yourself? For example, how do you want to be feeling about your body? How do you want to be experiencing

your mind, your emotions, your connections with other people, at home, at work, etc.?

20. Please add anything else that is important for the instructor to know about you and your situation.

Thank you very much for completing these questions.