

How do people practice mindfulness: survey questions

Current formal mindfulness practice:

Do you currently practice formal mindfulness? (e.g. body scan, sitting practice, breathing space, mindful movement) Yes / No

Comments: _____

If 'No' is selected:

1. Why are you no longer practicing? Select all that apply:

Lack of time

Hadn't formed a habit

Got out of the habit

I didn't find it helpful

I decided it wasn't for me

Other stressors

I felt worse during or after practice

Loss of teacher support

Loss of support of the group setting

Other: _____

2. Is there anything you can think of that would have supported you to continue with formal mindfulness practice? _____

If 'Yes' is selected:

1. How often do you practice? Every day / several times a week / once or twice a week / around once a week / less than once a week

2. How long **on average** does your practice session last? 1 hour / 45 minutes / 30 minutes / 10 minutes

Comments: _____

3. How is your practice supported (select all that apply): CD / app / self-guided / guided by others / practice in a group with guidance / practice in a group without guidance

Comments: _____

4. If you aren't practicing as regularly as you used to, or as you would like, is there anything you can think of that would support you to practice more regularly?

5. Which practices do you do most regularly?

body scan

sitting practice

breathing space

mindful movement

all of the above

other

Comments: _____

6. How would you describe your experience of these practices? We understand that your experience of practice may change from day to day so please select **all** that apply:

Easy

difficult

enjoyable

boring

practice reluctantly

interesting

irritating

relaxing

it is what it is

blissful

practice willingly

ok

Comments: _____

7. Are there any practices you dislike or find difficult, and so do not do? Yes / No

8. If yes, which practices? _____

Informal mindfulness:

1. Do you engage in everyday mindful moments? For example being mindful while washing the dishes, while driving, or eating. Yes / No

2. If yes, how often? Every day / several times a week / once or twice a week / around once a week

Comments: _____