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
   - I didn’t find it helpful
   - I decided it wasn’t for me
   - Got out of the habit
   - Other stressors
   - I felt worse during or after practice
   - 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: ________________________________