

## MBSP Handout 8.2

# Session 8: MBSP Qualitative Feedback Form



1. As you consider this group, please circle whether each of the following were “too much,” “not enough,” or “just right.”

	Too much	Not enough	Just right
The amount of time per session (2 hours):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time for whole-group discussions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time for one-on-one discussions (dyads):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time practicing meditation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time receiving information on a topic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time for the virtue circle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of homework exercises given:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of sessions in the program (8):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time spent on integrating mindfulness & strengths:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. On a 1–10 scale where 1 is “not important” and 10 is “extremely important,” how important would it be for your learning to attend *all 8* of these 8 classes? \_\_\_\_\_

3. In this course, I cared most about (circle one):

- Learning about character strengths
- Learning about mindfulness
- Learning about the integration

4. My favorite mindfulness meditation practice: \_\_\_\_\_

5. My favorite strengths activity/practice: \_\_\_\_\_

6. On average, how much of the homework did you do each week (be sure to consider meditations, strengths activities, interviews, tracking/journaling, etc.):

- 0%    10%    25%    40%    50%    60%    75%    90%    100%

7. Which of the following did you practice regularly? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Journaling                                    | <input type="checkbox"/> Tracking/monitoring your behaviors/practices |
| <input type="checkbox"/> Mindfulness meditation                        | <input type="checkbox"/> Working with strengths                       |
| <input type="checkbox"/> Reflecting on past experiences with strengths | <input type="checkbox"/> Observing your and others' strengths         |
| <input type="checkbox"/> Asking others for feedback                    | <input type="checkbox"/> Discussing strengths with others             |
| <input type="checkbox"/> Planning out your practices                   | <input type="checkbox"/> Appreciating others' strengths               |

8. Which of the following do you believe is true for you? (check all that apply)

- Knowledge of character strengths will make my mindfulness practice stronger.
- Knowledge of mindfulness will help my character strength use and expression.
- The integration of mindfulness and character strengths is essential for practicing either one.
- None of the above

9. As a result of this group, I (check off all that apply or leave blank):

- |   |   |
|---|---|
| <input type="checkbox"/> Started a new mindfulness practice                     | <input type="checkbox"/> Have deepened my mindfulness practice        |
| <input type="checkbox"/> Overcame more obstacles in my mindfulness practice     | <input type="checkbox"/> Am aware of my signature strengths           |
| <input type="checkbox"/> Use my strengths to deal with my problems/difficulties | <input type="checkbox"/> Use my strengths more often                  |
| <input type="checkbox"/> Spot strengths in others frequently                    | <input type="checkbox"/> Verbally appreciate strengths more in others |
| <input type="checkbox"/> Use mindfulness to face my problems/difficulties       | <input type="checkbox"/> I made no changes because of this group      |

10. What are the major obstacles to your mindfulness practice? (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Not enough time/too busy                      | <input type="checkbox"/> Often forgot to practice/schedule           |
| <input type="checkbox"/> Did not see the purpose in practicing         | <input type="checkbox"/> Mind wandered too much                      |
| <input type="checkbox"/> Wanted to avoid painful sensations            | <input type="checkbox"/> Wanted to avoid difficult emotions          |
| <input type="checkbox"/> Wanted to avoid troubling thoughts/memories   | <input type="checkbox"/> Kept falling asleep                         |
| <input type="checkbox"/> It was not very helpful/I don't see the point | <input type="checkbox"/> Too bothered by the external (e.g., noises) |
| <input type="checkbox"/> Other: _____                                  |  |

11. As you think about the “virtue circle,” were there any benefits of this experience? Please explain:

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12. Please *rank-order* what was *most* beneficial to your overall learning and growth in terms of mindfulness and character strengths (give a 1 to the most beneficial, 2 to the second most beneficial, and so on):

<input type="checkbox"/> Homework exercises/practice (outside group)	<input type="checkbox"/> Discussions with whole group
<input type="checkbox"/> One-on-one activities (in group)	<input type="checkbox"/> Meditations (in group)
<input type="checkbox"/> Lecture/input periods (in group)	<input type="checkbox"/> Virtue circle (in group)

13. Has this course had a positive effect on one of your relationships? If so, please share:

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14. What effect (if any) did this program have on any of the following?

	A lot higher/better		No change		A lot worse/lower		
Your overall well-being	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Your sense of who you are	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Your engagement with life tasks	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Your sense of accomplishment	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Your meaning in life	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Your sense of purpose	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
The quality of your relationships	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Your management of stress	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Your management of problems	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

15. What has struck you most about this course? Please share below:

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**Thank you for your time!**