



Meditation to Boost Your Well-Being Participant

PRE-Survey

Please answer the questions below **before** you complete the *Meditation to Boost Your Well-Being* experience.

1. What is your name? _____

2. What is today's date? __/__/____
MM DD YYYY

3. Please circle the number that best represents your **current knowledge** of the topic below:

	Low		Medium		High	Not applicable
Different types of meditation practices	1	2	3	4	5	6
The health benefits of meditation	1	2	3	4	5	6

4. Please circle the number that best represents your **current confidence** that you can do the following:

	Not at all confident		Somewhat confident		Very Confident	Not applicable
Try a breathing meditation practice on my own outside of class	1	2	3	4	5	6
Try a walking meditation practice on my own outside of class	1	2	3	4	5	6



Meditation to Boost Your Well-Being

Participant POST-Survey

Please answer the questions below **after** you complete the *Meditation to Boost Your Well-Being* experience.

1. What is your name? _____

2. After participating in the *Meditation to Boost Your Well-Being* experience, please circle the number below that best represents your **current knowledge** of the topic below:

	Low	Medium	High	Not applicable		
Different types of meditation practices	1	2	3	4	5	6
The health benefits of meditation	1	2	3	4	5	6

3. Please circle the number that best represents your **current confidence** that you can do the following:

	Not at all confident	Somewhat confident	Very Confident	Not applicable		
Try a breathing meditation practice on my own outside of class	1	2	3	4	5	6
Try a walking meditation practice on my own outside of class	1	2	3	4	5	6

4. Please rate the **quality of your overall experience** with *Meditation to Boost Your Well-Being*. Circle your choice below.

Poor	Below Average	Average	Above Average	Excellent	Undecided
1	2	3	4	5	6

5. How likely are you to **recommend** the *Meditation to Boost Your Well-Being* experience to a friend, family member, or co-worker? Circle your choice below.

Extremely unlikely	Unlikely	Neutral	Likely	Extremely likely	Undecided
1	2	3	4	5	6