

## MBSR Course Intake Questionnaire

**Thank you for filling out this questionnaire. Please be assured that the completed forms are kept in strict confidence, and read only by your instructor, Tom Heah, OT. If you have any concerns or questions about the form, please speak with your instructor.**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: Home (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_

Work (    ) \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

1. What are the main reasons you are taking the MBSR course at this time?

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2. Occupation: \_\_\_\_\_

3. Birth date: \_\_\_\_\_

4. Sleep quality: \_\_\_\_\_

5. Do you exercise regularly? \_\_\_\_\_

6. Do you have a history of mental illness or substance use? YES NO

If YES, please explain: \_\_\_\_\_

7. Do you have any physical pain or other restrictions that would restrict your participation in the class? YES NO

If YES, please explain \_\_\_\_\_

8. Are you currently using mental health services?

Yes \_\_\_ (please see below) No \_\_\_ (go to 12.)

If YES, please explain: \_\_\_\_\_

May we contact your mental health worker in the case of an emergency?

\_\_\_\_\_

Name and phone number of psychiatrist, doctor or mental health worker:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

9. If not, have you used mental health services in the last three years? YES NO

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If YES, please explain: \_\_\_\_\_

10. Do you experience any symptoms of psychosis?

If YES, please explain: \_\_\_\_\_

11. Have you ever experienced any unusual reactions while meditating? YES NO

If YES, please explain: \_\_\_\_\_

12. During the last month, have you:

- |   |     |    |
|---|-----|----|
| a. Considered suicide or had suicidal ideation? | YES | NO |
| b. Sought psychiatric help?                     | YES | NO |
| c. Had urges or thoughts of hurting someone?    | YES | NO |
| d. Had spells of panic or terror?               | YES | NO |
| e. Had urges to smash or break things?          | YES | NO |
| f. Experienced a major loss?                    | YES | NO |

Please take a moment to respond to the following questions.

1. What do you care about most?

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2. What gives you joy in your life?

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3. What are your greatest worries?

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4. Please list 3 personal goals for taking the MBSR course:

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