

Kalyana Centre for Mindfulness Stress Reduction Program

Thank you for filling out these forms. I realize the personal nature of these questions. Please be assured that the completed forms are kept in strict confidence.

Location of course: _____

How did you hear about it? _____

Course Beginning (exact date, year) _____

Name: _____

Address: _____

Town: _____

Telephone # Home _____ Mobile _____

E-Mail _____

Age _____

Occupation: _____

Marital status/children _____

Sleep Quality _____
(Good-fair-poor)

Do you smoke? _____ How much? _____

Caffinated drinks per day _____

Do you eat a balanced diet? _____

Do you exercise? _____

Do you drink alcohol? _____

How much per week _____

Do you have any physical or psychological or emotional issues that affect your level of stress at this time? Please use a separate piece of paper if necessary.

Are you seeing a councillor at this point over time?

If so, does he/she know about your participation in the stress reduction course?

What do you care about most?

What gives you the most pleasure in your life?

What is your main reason for participating in the Stress Reduction Program?

What are your greatest worries?

Please list what you would like to achieve or change by completing the 8-week MBSR course.

Please return to Eva Bruha, 40, John Street, Dingle, Co. Kerry, along with deposit according to sliding scale, **cheque made out to Eva Bruha or Postal Money Order.**

For any questions please e-mail [HYPERLINK "mailto:admin@kalyanacentre.com"](mailto:admin@kalyanacentre.com)
admin@kalyanacentre.com or call
Eva at 087 271 2662/066-9152610