



SIT Mindfulness Course
Research
Pre-Screening Form

Name _____ Year of Birth _____

Address _____

Phone _____ Email _____

Emergency Contact _____ Contact's Phone _____

How did you hear about the course?

Friend Program Another Center/Teacher Website Advertisement

Please provide details if possible _____

Personal Information

The following information is strictly for the confidential use of the course teacher. Please answer these questions fully to enable the teacher to guide you appropriately.

Disclosure of any physical/psychological history will not necessarily prevent you from undertaking a mindfulness course.

Physical and Psychological History

Do you have any history of physical illness or any disabilities, which may significantly affect your sitting, standing, or walking practice?

Have you ever been diagnosed with or experienced any significant mental health issues, e.g. depression, eating disorders, anxiety, drug/alcohol abuse? If yes, please give details of condition(s) and date(s).



SIT Mindfulness Course
Research
Pre-Screening Form

Physical and Psychological History (continued)

Are you taking any medication for any physical or psychological condition?

If yes, please give details of condition(s) and medication(s).

Have you ever attempted to take your own life? If yes, please indicate date(s).

If you are involved with mental health services and have a Psychiatrist, Therapist, or Support worker, please provide their name and telephone number.

Describe any present circumstances that might place you under additional stress or may significantly affect your meditation practice (e.g. bereavement, redundancy, relationship breakdown, etc.)

Is there any additional information you would like to convey to the teacher?
