

MINDFULNESS TRAINING FOR SUICIDE PREVENTION

Post-Evaluation Form

Your **Personal Code** is made up of 3 sets of numbers and letters:

1. What is the first letter of your mother's first name? For example, if your mother's first name is Mary, it's M.

2. What day of the month is your birthday? (1-31)_____

3. What is the first letter of your middle name? (write "X" if you have no middle name) _____

Personal Code (write all three)___example: M6A_____

(pre-post intervention)

Please write down in the box on the left the number that best fits how you feel with regard to the statement:

1=Strongly Agree 2=Agree 3=Neither Agree, nor Disagree 4=Disagree 5=Strongly Disagree

- ☐ 1. When I start thinking about something that concerns me, I can't get it out of my mind.
- ☐ 2. I am not kind towards myself.
- ☐ 3. I think over and over about things that have already happened.
- ☐ 4. I am worried about the future.
- ☐ 5. I have thoughts about suicide often.
- ☐ 6. These suicidal thoughts are persuasive: I can see myself acting on them at some point.
- ☐ 7. This pattern of not being fully present in my immediate experience is normal for me.
- ☐ 8. I don't believe I can make a difference in my life.
- ☐ 9. I don't have confidence in my ability to deal with the stressful things that happen to me.
- ☐ 10. Staying in the present hurts so much that I prefer to run away from what is unpleasant.
- ☐ 11. I feel like I am alone in the world.
- ☐ 12. I have difficulty accepting things as they are.
- ☐ 13. I always have the feeling that there is something I should do to get rid of my troubling emotions.

- ☐ 14. I often don't feel grounded in my body.
- ☐ 15. I go around most of the time without paying attention to my surroundings.
- ☐ 16. I feel like I have no control over my thoughts, moods, and feelings.
- ☐ 17. The voice in my head can make me feel anxious; I don't know how to pause or interrupt this pattern.
- ☐ 18. When I have negative thoughts, they overwhelm me and I don't have any tools to deal with it.

On a scale where 1 is the lowest intensity and 10 is the highest, my suicidal thoughts are (number) ____.

When I have suicidal thoughts, they generally last (check one...) ____minutes / ____hours / ____days.

(Post-intervention only):

1. What are some of the main points about "mindfulness" that resonate for you and your everyday life?

2. Which mindfulness-in-everyday-life practices are you finding helpful, and in what way?

3. How helpful has this workshop series been for you? (0 = not helpful; 10 = extremely helpful) _____
Specifically, how has it helped you deal with suicidal thoughts / ideation?

4. Have you been able to do some meditation practice at home? _____

If yes, about how many times a week? _____ Usually for how long? _____

5. Do you think other people with suicidal thoughts / ideation could benefit from learning about mindfulness—both meditation and the other practices? _____

6. Do you intend to come to Monday night meditation at least once, to check it out? _____

7. Do you have any suggestions on how this workshop series can be improved? _____

Thank you!

