

## MBSR Student's Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. What is your main reason for participating in the MBSR course?  
\_\_\_\_\_
2. Occupation: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_
4. (Circle one) Single Married Living with Partner Separated Divorced Widowed
5. Do you have close friends? \_\_\_\_\_
6. What is the quality of your sleep? \_\_\_\_\_
7. Weight: \_\_\_\_\_ Height: \_\_\_\_\_
8. Do you smoke? \_\_\_\_\_ Caffeinated drinks per day: \_\_\_\_\_
9. Do you eat a balanced diet? \_\_\_\_\_
10. Do you exercise? \_\_\_\_\_
11. History of substance abuse: \_\_\_\_\_  
\_\_\_\_\_
12. Do you take prescription medications (please list)? \_\_\_\_\_  
\_\_\_\_\_
13. Previous overnight hospitalizations:  
Medical: \_\_\_\_\_  
Psychiatric: \_\_\_\_\_
14. What do you care about most? \_\_\_\_\_  
\_\_\_\_\_
15. What gives you the most pleasure in life: \_\_\_\_\_  
\_\_\_\_\_
16. What are your greatest worries? \_\_\_\_\_  
\_\_\_\_\_
17. Are you presently in psychotherapy/counselling? \_\_\_\_\_