

## Meditation Student Questionnaire

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

Parent/Legal Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell/Home/Work/Other (circle)

Email: \_\_\_\_\_

Parent/Legal Guardian contact if different from child: Phone \_\_\_\_\_

Cell/Home/Work/Other (circle), Email \_\_\_\_\_

### Motivation:

What are your main reasons for wanting to learn more about mindfulness meditation?

### Meditation Background:

Do you have experience with meditation? Please provide details.

### Special Circumstances:

Is there anything you would like me to know about you? For example, any history of trauma or significant mental health challenges? Any major physical health problems or chronic pain?

### Religion and Spirituality:

Were you raised in a religion? Do you participate in any religion now? If not religious, do you consider yourself spiritual? Anything you'd like to share about your background and beliefs would be appreciated.

Anything else you'd like me to know about you?