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Mindfulness in Everyday Life Questionnaire
Please complete and fax to: 610 351-3672
Please note attendance to Orientation is mandatory.

Date _____
Class Chosen start date: _____
Orientation attending: _____ (mandatory to attend)

Name: _____
Email: _____
Telephone # _____

1. What is your main reason for participating in the Mindfulness program?

2. Occupation: _____
3. Date of Birth _____
4. Family information (please circle) single, married, not married but living with partner, separated, divorced, widowed
5. Do you have children (yes/no) if so how many? If at home please list ages

6. Do you have close friends? Yes/no
7. Sleep quality: _____
8. Do you smoke cigarettes? _____ Caffeinated drinks per day? _____
9. Do you exercise? Yes/no If yes how often? _____
10. Do you use recreational drugs including alcohol? Yes/no If yes how often?

11. Do you have a history of substance abuse?

12. Do you take prescription medications? (Please list)

13. Are you currently in psychotherapy? (Yes/no)
14. If no, have you been in therapy during the past three years? (Yes/no)

15. Previous overnight hospitalizations (Medical and/or Psychological)

Medical _____

Psychological _____

During the last MONTH have you:

- | | | |
|-----------------------------------|-----|----|
| 1. Considered suicide | YES | NO |
| 2. Sought psychiatric help? | YES | NO |
| 3. Had thoughts of death or dying | YES | NO |
| 4. Had urges to harm someone? | YES | NO |
| 5. Had urges to break things | YES | NO |
| 6. Had spells of terror or panic? | YES | NO |

Please take a moment as you respond to the following 3 questions.

1. What do you care about most?

2. What gives you the most pleasure in your life?

3. What gives you the most worries?

4. How did you hear about this program? _____

Mindfulness Informed Consent Agreement
Debra J Romberger, PhD, LPC

Risks and Benefits

Risks - Physical, emotional, time, and social. If after reviewing your Mindfulness Questionnaire Dr Romberger determines a phone interview is warranted you will be contacted and a time will be set up to discuss how she may best serve you. This discussion is not set up to exclude you from the program but instead to assess if it is a good fit for you at this time and provide support and make recommendations for most successful outcomes for participation in the Mindfulness class.

Benefits – Better coping, evidence-based, dependent on consistent practice, capacity to better care for self, but no guarantees.

Mindfulness has been explained to me and I understand the risks, benefits and possible side effect of the Mindfulness program as they are explained to me above. This includes skill training in meditation methods as well as gently stretching (yoga) exercises. I understand that if for any reason I am unable to, or think it unwise to engage in these techniques and exercises either during the weekly sessions with Dr Romberger, or at home, I am under no obligation to engage in these techniques nor will I hold Dr. Romberger for any injury incurred from these exercises.

Furthermore, I understand that I am expected to attend each of the eight (8) sessions, the half daylong session and to practice the home assignments for 40-60 minutes per day during the duration of the Mindfulness training program.

Date _____

Please Print name

Participants Signature