

Mindfulness Program UW Health - Research Park 621 Science Dr, Madison WI 53711 (608)265-8325 www.uwhealth.org/mindfulness

May 2021

Thank you for your interest in the **Mindfulness Based Stress Reduction** (MBSR) online course offered through the *UW Health Mindfulness Program*. MBSR is designed to introduce mindfulness meditation practice as a way of developing greater balance, ease and fuller participation in your life. Established in 1993, this program is one of over 250 MBSR centers worldwide.

**What is mindfulness?** Mindfulness is a way of learning to relate directly to whatever is happening in your life rather than operating on "automatic pilot". Through practice you can more fully experience moments of joy and connection, and find new ways to relate to the illness, pain, and stress that is part of life as well.

**What is the class like?** The weekly classes include guided instruction in mindfulness meditation practices, gentle yoga, group dialogue and application to experiences of daily living.

What is required of class participants? You will need access to an internet connection along with a computer or tablet that can run the Zoom application. This course will take place in live, online sessions that will not be recorded to maintain confidentiality.

We ask that participants bring a willingness and commitment to attend weekly classes and take time for home practice each day, supported by a course notebook and audio recordings.

**Who is this class for?** Anyone is welcome who is interested in mindfulness meditation and is willing to engage in the process of exploring and practicing mindfulness formally and informally. Practices are appropriate for people of all backgrounds and beliefs.

## Summer 2021 Online MBSR Schedule

## ~ Wednesday evenings

Introductory Session: 5:30-6:30pm, Wednesday, June 30, 2021 Classes: 5:30-8pm, Wednesdays, July 7 - August 25, 2021 Day of Mindfulness: 9:30am-3:30pm, Sunday, August 15, 2021

**To enroll** (enrollment is first come, first served)

- 1. Submit payment online or by check (payable to: UWHC/MBSR)
- 2. Complete and submit registration forms (pages 3-7)

## The Summer 2021 reduced class fee of \$375 (regularly \$495) covers:

- Introductory session
- Eight weekly sessions
- One all-day session (Day of Mindfulness)
- Guided audio recordings and class materials

# Financial support, insurance, and refunds

**Contact your insurance provider** for possible discounts and/or reimbursement. Upon completion of the class, Quartz and other plans may offer points towards wellness programs.

**Partial financial assistance** is available for those where financial needs complicate their participation. Reduced class fee of \$200 is available for students and those with financial need. Use coupon code MBSR200 when registering.

**Refunds** are considered if class is dropped within 24 hours after end of the Introductory Session. This refund policy allows adequate time for us to contact and admit applicants from the waitlist.

## **Miscellaneous Information**

- First and last class sessions sometimes meet for 3 hours.
- Dress comfortably.
- It is advised not to eat a heavy meal right before class.
- Sitting on the floor is not a requirement. There will be opportunities to lie on the floor during class, i.e. during the body scan exercises and gentle yoga. Adaptations will be offered as needed. You may like to have a chair, cushion, yoga mat and/or bolster.

## About the Instructors

Diana Grove

- Retired nurse and educator
- Trained MBSR instructor through the University of Massachusetts Memorial Health Care Center for Mindfulness
- Over 20 years of experience teaching adult education classes

Lisa Thomas Prince

- Public health educator
- Trained MBSR instructor through the UW Health Mindfulness Program and the UC San Diego Center for Mindfulness
- Qualified instructor of MBCP (Mindfulness-based Childbirth and Parenting) and Associate Faculty, Mindful Birthing Foundation

The UW Health Mindfulness Program (608) 265-8325. www.uwhealth.org/mindfulness

## UW Health Mindfulness Program MINDFULNESS BASED STRESS REDUCTION PROGRAM

# Summer 2021 – Online – Wednesdays, 5:30pm

#### Thank you for filling out these forms. We realize the personal nature of these questions. Please know that the completed forms are kept confidential.

| Name:   |                                  |          |
|---|----------------------------------|----------|
| Address:  |                                  |          |
|   |                                  | zip code |
| E-mail address:   |                                  |          |
| Telephone:  |                                  |          |
| Telephone: primary telephone  | other telephone                  |          |
| Emergency Contact Info:   |                                  |          |
| name  | telephone number                 |          |
| (These items are used for demographic research only   | /):                              |          |
| Age:  |                                  |          |
| What is your racial identity?   |                                  |          |
| Gender: Pronouns:   |                                  |          |
|   |                                  |          |
| How did you become aware of our program? (con   | nplete all that apply)           |          |
| Physician/Health Clinic (name)  | Web Site                         |          |
| Previous Class Member (name)  | _ Mindfulness Program Brochure _ |          |
| Mental Health Counselor/Therapist (name)  | Other                            |          |
| To complete your registration:  |                                  |          |
|   | · · · · · · · · ·                |          |
| <ol> <li>Payment: already paid online at uwhealth.org/mindfulness<br/> check enclosed, payable to: UWHC/MBSR</li> </ol> |                                  |          |
|   |                                  |          |
| 2. Submit these forms: Complete and sub   | mit the questionnaire that is    |          |
| included below (pages 3-7) by <i>Tuesday, June 22, 2021.</i>  |                                  |          |
|   | <u> </u>                         |          |
| Return/mail completed forms and full payment (online or check) to:  |                                  |          |
| Mindfulness Dreaman   |                                  |          |

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# UW Health Mindfulness Program MINDFULNESS BASED STRESS REDUCTION PROGRAM

Summer 2021 – Online – Wednesdays, 5:30pm

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

Date:

Welcome to the Mindfulness Based Stress Reduction program at UW Health. Please return this completed questionnaire by the indicated date to confirm your registration. All information you provide is kept confidential. The intention with this questionnaire is to invite you to honestly reflect on the circumstances that bring you to the MBSR program, and to help your instructor understand what you are working with as you begin the course.

1. In your own words, what are the "causes" of your stress? For example, work, relationships, pain etc. Feel free to identify your current worries, challenges and anything else you think is important to consider.

2. What are the helpful and not so helpful ways you are managing stress?

**3.** Please rate your overall stress level at this point in your life using a 10-point scale.

"1" = stress free, and "10" = stressed to the max.

Place an "X" at the appropriate area on the line below.

"1"

"10"

**4.** Please describe any previous experience you have had with stress reduction, meditation, relaxation, mindfulness, imagery, and other mind-body approaches to healing and health. If you have not had any prior experience, please write "no experience".

5. What goals would you like to set for yourself in taking this program?

6. What do you care about most in your life?

7. What brings you joy?

**8.** Has a healthcare provider recommended you take this program? If so, what is your understanding of the reason for this recommendation?

**9.** Are you currently involved in a specific medical treatment, or are you working with a psychiatrist or mental health counselor?

**10.** Please list any other relevant health and/or mental health history that may be helpful for your instructor to know (for example hospitalizations, surgeries, trauma history, or health conditions that could impact your experience in class)

**11.** Please describe your physical health right now. For example, sleep quality, diet, smoking, drug and alcohol use.

**12.** Please describe your emotional health, your strengths and challenges.

**13.** Please describe your support system(s).

**14.** At the completion of this class, imagining that you do learn what you wanted to learn, what would this look like for you?

~ Please add anything else that is important for the instructor to know about you and your situation.