



250-984-7755 FAX

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## Mindfulness Day Participant Feedback

Facilitator(s) Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

1) What aspect(s) of the Mindfulness Day was most useful to you?

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2) Which aspect(s) did you most enjoy?

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3) What aspect(s) of the Mindfulness Day was least useful to you?

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4) Which aspect(s) did you least enjoy?

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5) How did you feel about the space and location?

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6) How did you find the mindful movement practice?

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7) How did you find the sitting meditation practice?

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8) Was the format and flow useful of the morning?

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9) How would you rate your overall experience of the Mindfulness Day?

*not that positive*

*extremely positive*

1      2      3      4      5      6      7      8      9      10

10) What suggestions would you offer to improve the Mindfulness Days for the future?

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11) Would you consider attending future Mindfulness Days as they are offered?

Yes       No

12) Would you consider attending a longer (eg. 1+ day long) retreat if offered through BCALM?

Yes       No

It is through our participant's suggestions, critiques and feedback that we create and/or alter our classes, presentations and events.

We at BC Association for Living Mindfully sincerely **thank you** for your input!