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**Launde Abbey Programme Retreat**

**Mindfulness 2025**

**Retreat Questionnaire**

*Confidential*

***About your experience of meditation & mindfulness***

1. I have no experience of meditation or mindfulness

I've had some experience

I've had a lot of experience

*(please tick which applies)*

1. Tell me briefly what drew you to this retreat:

***Information about your health needs****. (This information will remain confidential to the retreat leader).*

1. Do you have any physical health issues that may make it difficult for you to participate fully? ***Yes or No***
2. Please indicate if you have any mobility &/or medical needs, including diabetes type 1:
3. Have you had any recent disturbing life events, which may make the retreat difficult for you? ***Yes or No***
4. Have you experienced bereavement in the past year? **Y*es or No***
5. Are you dependent on alcohol or non-prescribed drugs? ***Yes or No***
6. Have you ever been diagnosed with any mental health issues? If so, it would be helpful if you could give details.
7. If you are supported by a community mental health care team, please call me on the number below so that together, we can decide if a mindfulness course or retreat is right for you at this time.
8. *Please add* any other information about your wellbeing that you think might be helpful for me to know.

*Thank you for taking the time to complete this.*

Please return this **directly to me** (along with any questions) **nicola@everydaymindfulnesswithnicolasmith.com**

If you need to call me, please do so: 07812 686944.