



UConn Research IT - PRODUCTION

Sharp mindfulness tools study



📖 Data Dictionary Codebook

07/13/2020 3:25pm

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instr	ument: Interest in UConn	Mindfulness Study (interest_in_uconn_mindfulness_study)	
1	record_id	Record ID	text
2	email	Email	text (email), Required
3	eligibility_0	Are you English literate?	yesno, Required 1 Yes 0 No
4	eligibility_1	Are you interested in possibly participating in a study about stress management and meditation?	yesno, Required 1 Yes 0 No
5	eligibility_2	Are you currently enrolled as an undergraduate or graduate student at the University of Connecticut?	yesno, Required 1 Yes 0 No
6	eligibility_3	Are you at least 18 years old?	yesno, Required 1 Yes 0 No
7	eligibility_4	Do you currently have a regular, quiet, seated meditation practice?	yesno, Required 1 Yes 0 No
8	eligibility_5	Are you willing to learn basic skills of mindfulness meditation by attending a 45- to 60-minute orientation workshop that will be scheduled between 9 am and 6 pm on a weekday?	yesno, Required 1 Yes 0 No
9	eligibility_6	Upon receiving instructions, are you willing to visit the meditation room located in Arjona twice a week for 4 weeks to practice meditating on your own for at least 10 minutes each time?	yesno, Required 1 Yes 0 No
10	eligibility_7	During the 4 week study period, in addition to coming into the meditation room 2x/wk to practice meditating, would you also be willing to practice small mindfulness techniques in daily life each day?	yesno, Required 1 Yes 0 No
11	eligibility_8	Are you willing and able to download a free meditation app onto your phone or personal device?	yesno, Required 1 Yes 0 No
12	eligibility_9	Would you be willing to provide a pre- and post-study saliva sample?	yesno, Required 1 Yes 0 No
13	eligibility_10	Would you be willing to try meditating while wearing a headband that makes EEG recordings of your brain?	yesno, Required 1 Yes 0 No

14	eligibility_11	Are you registered for Introductory Psychology this semester?	yesno, Required 1 Yes 0 No		
15	eligibility_12 Show the field ONLY if: [eligibility_11] = '1' or [eligibility_1 1] = '0'	Someone from the UConn Mindfulness Study will contact you, if you are eligible, to go over times and dates that would be required for the continuation of the study.	descriptive		
16	ts_interest	Timestamp Initial Survey	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY		
17	interest_in_uconn_mindfulness_s tudy_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete		
Instr	ument: Participation Result	(participation_result)			
18	ts_participation_results	Timestamp Participation Results	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY		
19	ineligiblity_1	If you are still interested in learning more about opportunities to practice meditation, you can visit the UConn SHARP website at https://sharp.uconn.edu/meditation-resources/	descriptive		
20	participation_result_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete		
Instr	ument: General Contact Info	(general_contact_info)			
21	ts_contact_info	Timestamp General Contact	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY		
22	general_contact_1	Name	text		
23	general_contact_2	Cell phone number	text		
24	general_contact_3	Email	text		
25	general_contact_4	Name of emergency contact (e.g., family member, roommate, or friend)	text, Required		
26	general_contact_5	Emergency Contact number	text, Required		
27	general_contact_6	Emergency Contact email	text, Required		
28	general_contact_7	Relationship to emergency contact	text, Required		
29	general_contact_info_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete		
Instr	Instrument: Demographics (demographics)				
30	ts_demographics	Timestamp Demographics	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY		
31	demo_1	Current age	text, Required		
32	demo_2	Current gender	radio, Required, Identifier 0 Male 1 Female 2 Other 3 Prefer not to specify		

33	demo_3	Ethnicity/ Racial identity	radio, Required
			0 White or Caucasian
			1 Hispanic or Latino/a
			2 Black or African-American
			3 Asian or Asian-American
			4 Multiracial
			5 Other
			6 Prefer Not to Answer
34	dama 4	Ways you have in the United Chates?	yesno, Required
34	demo_4	Were you born in the United States?	1 Yes
			0 No
35	demo_5	Please choose one of the following that best describes your immediate family's social class.	radio, Required 0 Lower
		,	
			1 Working
			2 Middle
			3 Upper middle
			4 Upper
36	demo_6	What is your current major or field of study?	text, Required
37	demo_7	Where did you graduate high school?	radio, Required
			0 Connecticut
			1 Northeast United States outside of Connecticut
			2 In the United States outside of the Northeast
			3 Outside of the United States
38	demo_8	Are you a first generation college student?	yesno, Required
			1 Yes
			0 No
39	demographics_complete	Section Header: Form Status	dropdown
		Complete?	0 Incomplete
			1 Unverified
			2 Complete
lastu	Processoning Questio	I ennaire (prescreening_questionnaire)	<u> </u>
-	T	T	I
40	ts_prescreen	Timestamp prescreening	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
			SURVEY
41	prescreen_1	Are you currently taking any prescribed psychiatric medications (e.g.,	yesno, Required
		antidepressants, anti-anxiety, etc.)?	1 Yes
			0 No
42	prescreen_2a	Section Header: Compared to other college students or compared to your peers, please	radio (Matrix), Required
		rank the remaining questions on a scale of 0-10, with 0=not at all/ much less than peers, 5=average/same as peers, 10=highest, much more than peers.	0 0
		How much would you say you struggle with addiction on a daily basis	1 1
		(e.g., substance abuse, addictive thoughts or behaviors such as eating,	2 2
		shopping, sex, or gambling)?	3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10

43	prescreen_2b	How often have you used mental health services in the past 2 years?	radio (Matrix), Required
			0 0
			1 1
			2 2
			3 3
			4 4
			5 5
			
			6 6
			7 7
			8 8
			9 9
			10 10
44	prescreen_2c	How often do you exercise?	radio (Matrix), Required
44	prescreen_zc	now offerr do you exercise?	0 0
			1 1
			2 2
			3 3
			4 4
			5 5
			6 6
			I I - -
			8 8
			9 9
			10 10
45	prescreen_2d	How healthy do you consider your general eating habits?	radio (Matrix), Required
			0 0
			1 1
			3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			
			9 9
			10 10
46	prescreen_2e	How stressed do you generally feel?	radio (Matrix), Required
			0 0
			1 1
			2 2
			3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10
		Carrier Handen Com Chris	
47	prescreening_questionnaire_com plete	Section Header: Form Status Complete?	dropdown
	p.c.c	Complete:	0 Incomplete
			1 Unverified
			2 Complete
Inct-	ument: DASS-21 (dass21)		
iiistr	ument. DA33-21 (0dSS21)		

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48	ts_dass21	Timestamp DASS-21	text Field A SURVE	Annotation: @HIDDEN @NOW @TODAY @HIDDEN- EY
49	dass_1	Section Header: Please read each statement and choose the option which indicates how	radio	Required
7,5	dd35_1	much the statement applied to you over the past week. There are no right or wrong		id not apply to me at all - NEVER
		answers. Do not spend too much time on any statement.		,
		I found it hard to wind down.	SC	pplied to me to some degree, or some of the time - OMETIMES
				pplied to me a considerable degree, or a good part of ne time - OFTEN
				pplied to me very much, or most of the time - LMOST ALWAYS
50	dass_2	I was aware of dryness of my mouth.	radio.	Required
				id not apply to me at all - NEVER
			1 Ap	pplied to me to some degree, or some of the time -
			2 Ap	pplied to me a considerable degree, or a good part of
			th	ne time - OFTEN
				pplied to me very much, or most of the time - LMOST ALWAYS
51	dass_3	I couldn't seem to experience any positive feelings at all.	radio,	Required
			0 Di	id not apply to me at all - NEVER
				pplied to me to some degree, or some of the time - OMETIMES
				pplied to me a considerable degree, or a good part of ne time - OFTEN
				pplied to me very much, or most of the time - LMOST ALWAYS
52	dass_4	l experienced breathing difficulty (eg, excessively rapid breathing,	radio	Required
32	uu33_4	breathlessness in the absence of physical exertion).		id not apply to me at all - NEVER
			\vdash	
				pplied to me to some degree, or some of the time - OMETIMES
				pplied to me a considerable degree, or a good part of ne time - OFTEN
				pplied to me very much, or most of the time - LMOST ALWAYS
53	dass_5	I found it difficult to work up the initiative to do things.	radio,	Required
			0 Di	id not apply to me at all - NEVER
				pplied to me to some degree, or some of the time -
			2 Ar	pplied to me a considerable degree, or a good part of
			3 Ap	pplied to me very much, or most of the time - LMOST ALWAYS
54	dass_6	I tended to over-react to situations.		Required
			-+	id not apply to me at all - NEVER
				pplied to me to some degree, or some of the time - OMETIMES
				pplied to me a considerable degree, or a good part of ne time - OFTEN
				pplied to me very much, or most of the time - LMOST ALWAYS
55	dass_7	I experienced trembling (eg, in the hands).	radio,	Required
				id not apply to me at all - NEVER
			1 Ap	pplied to me to some degree, or some of the time -
			2 Ap	pplied to me a considerable degree, or a good part of the time - OFTEN
				pplied to me very much, or most of the time -
				LMOST ALWAYS

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56	dass_8	I felt that I was using a lot of nervous energy.	radio, Required
			0 Did not apply to me at all - NEVER
			Applied to me to some degree, or some of the time - SOMETIMES
			2 Applied to me a considerable degree, or a good part the time - OFTEN
			3 Applied to me very much, or most of the time - ALMOST ALWAYS
57	dass_9	I was worried about situations in which I might panic and make a fool	radio, Required
		of myself.	0 Did not apply to me at all - NEVER
			1 Applied to me to some degree, or some of the time - SOMETIMES
			2 Applied to me a considerable degree, or a good part the time - OFTEN
			3 Applied to me very much, or most of the time - ALMOST ALWAYS
58	dass_10	I felt that I had nothing to look forward to.	radio, Required
1			0 Did not apply to me at all - NEVER
			Applied to me to some degree, or some of the time - SOMETIMES
			2 Applied to me a considerable degree, or a good part the time - OFTEN
			3 Applied to me very much, or most of the time - ALMOST ALWAYS
59	dass_11	I found myself getting agitated.	radio, Required
	_		0 Did not apply to me at all - NEVER
			Applied to me to some degree, or some of the time - SOMETIMES
			2 Applied to me a considerable degree, or a good part the time - OFTEN
			3 Applied to me very much, or most of the time - ALMOST ALWAYS
60	dass_12	I found it difficult to relax.	radio, Required
			0 Did not apply to me at all - NEVER
			1 Applied to me to some degree, or some of the time - SOMETIMES
			2 Applied to me a considerable degree, or a good part the time - OFTEN
			3 Applied to me very much, or most of the time - ALMOST ALWAYS
61	dass_13	I felt down-hearted and blue.	radio, Required
			0 Did not apply to me at all - NEVER
			Applied to me to some degree, or some of the time - SOMETIMES
			2 Applied to me a considerable degree, or a good part the time - OFTEN
			3 Applied to me very much, or most of the time - ALMOST ALWAYS
62	dass_14	I was intolerant to anything that kept me from getting on with what I	radio, Required
		was doing.	0 Did not apply to me at all - NEVER
			Applied to me to some degree, or some of the time - SOMETIMES
			2 Applied to me a considerable degree, or a good part the time - OFTEN
			3 Applied to me very much, or most of the time - ALMOST ALWAYS

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63	dass_15	I felt I was close to panic.	dio, Required Did not apply to me at all - NEVER	
			Applied to me to some degree, or some of t	he time -
			Applied to me a considerable degree, or a g the time - OFTEN	ood part of
			Applied to me very much, or most of the tin	ne -
C 4	deep 10	Lucas unable to be some anthropication be sut any thing	dia Danuisad	
64	dass_16	I was unable to become enthusiastic about anything.	dio, Required Did not apply to me at all - NEVER	
			Applied to me to some degree, or some of t SOMETIMES	he time -
			Applied to me a considerable degree, or a g the time - OFTEN	ood part of
			Applied to me very much, or most of the tin ALMOST ALWAYS	ne -
65	dass_17	I felt I wasn't worth much as a person.	dio, Required	
0.5		Process and the second of the	Did not apply to me at all - NEVER	
			Applied to me to some degree, or some of t	he time -
			SOMETIMES Applied to me a considerable degree, or a g	ood part of
			the time - OFTEN	
			Applied to me very much, or most of the tin ALMOST ALWAYS	1e -
66	dass_18	I felt that I was rather touchy.	dio, Required	
			Did not apply to me at all - NEVER	
			Applied to me to some degree, or some of t SOMETIMES	he time -
			Applied to me a considerable degree, or a g the time - OFTEN	ood part of
			Applied to me very much, or most of the tin ALMOST ALWAYS	ne -
67	dass_19	I was aware of the action of my heart in the absence of physical	dio, Required	
		exertion (eg, sense of heart rate increase, heart missing a beat).	Did not apply to me at all - NEVER	
			Applied to me to some degree, or some of t	he time -
			Applied to me a considerable degree, or a g the time - OFTEN	ood part of
			Applied to me very much, or most of the tin ALMOST ALWAYS	ne -
68	dass_20	I felt scared without any good reason.	dio, Required	
			Did not apply to me at all - NEVER	
			Applied to me to some degree, or some of t SOMETIMES	he time -
			Applied to me a considerable degree, or a g the time - OFTEN	ood part of
			Applied to me very much, or most of the tin ALMOST ALWAYS	ne -
69	dass_21	I felt that life was meaningless.	dio, Required	
			Did not apply to me at all - NEVER	
			Applied to me to some degree, or some of t	he time -
			Applied to me a considerable degree, or a g the time - OFTEN	ood part of
			Applied to me very much, or most of the tin ALMOST ALWAYS	ne -
	1 24 1 :	Control Hoston Control	<u> </u>	
70	dass21_complete	Section Header: Form Status	opdown	
		Complete?	Incomplete	
			Unverified	
			Complete	
	I.	<u> </u>	·	

Instr	rument: RSES (rses)		
71	ts_rses	Timestamp RSES	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
72	rses_1	Section Header: Below is a list of statements dealing with your general feelings about yourself. Select one of the options "Strongly Agree", "Agree", "Disagree", or "Strongly Disagree" for each statement.	radio, Required 1 Strongly Agree
		I feel that I'm a person of worth, at least on an equal plane with others.	2 Agree
			3 Disagree
			4 Strongly Disagree
73	rses_2	I feel that I have a number of good qualities.	radio, Required
			1 Strongly Agree
			2 Agree 3 Disagree
			4 Strongly Disagree
74	rses_3	All in all, I am inclined to feel that I am a failure.	radio, Required
74	1565_5	All III all, I all I inclined to leer that I all a failure.	4 Strongly Agree
			3 Agree
			2 Disagree
			1 Strongly Disagree
75	rses_4	I am able to do things as well as most other people.	radio, Required
			1 Strongly Agree
			2 Agree
			3 Disagree
			4 Strongly Disagree
76	rses_5	I feel I do not have much to be proud of.	radio, Required
			4 Strongly Agree
			3 Agree
			2 Disagree 1 Strongly Disagree
77	rses_6	I take a positive attitude toward myself.	radio, Required
,,	1363_0	Take a positive attitude toward mysell.	1 Strongly Agree
			2 Agree
			3 Disagree
			4 Strongly Disagree
78	rses_7	On the whole I am satisfied with myself.	radio, Required
			1 Strongly Agree
			2 Agree
			3 Disagree
			4 Strongly Disagree
79	rses_8	I wish I could have more respect for myself.	radio, Required
			4 Strongly Agree 3 Agree
			2 Disagree
			1 Strongly Disagree
80	rses_9	I certainly feel useless at times.	radio, Required
υU	1363_9	r certainly reer useress at times.	4 Strongly Agree
			3 Agree
			2 Disagree
			1 Strongly Disagree

81	rses_10	At times I think I am no good at all.	radio, Required
			4 Strongly Agree
			3 Agree
			2 Disagree
			1 Strongly Disagree
82	rses_complete	Section Header: Form Status	dropdown
		Complete?	0 Incomplete
			1 Unverified
			2 Complete
Instr	ument: Experiences Question	nnaire (experiences_questionnaire)	
83	ts_experiences	Timestamp experiences	text
			Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
84	eq_1	Section Header: Below is a list of things that people sometimes experience. Next to each	radio, Required
		item are five choices: "never", "rarely", "sometimes", "often", and "all the time". Please select one of these to indicate how much you currently have experiences similar to those	1 Never
		described. Please do not spend too long on each item-it is your first response that we are interested in. Please be sure to answer every item.	2 Rarely
		I think about what will happen in the future.	3 Sometimes
			4 Often
			5 All the time
85	eq_2	I remind myself that thoughts aren't facts.	radio, Required
	-	, ,	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
86	eq_3	I am better able to accept myself as I am.	radio, Required
00		Tan sector assets accept myself as family	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
87	eq_4	I notice all sorts of little things and details in the world around me.	radio, Required
07		Thouse an sorts of male annings and actains in the world around me.	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
88	eq_5	I am kinder to myself when things go wrong.	radio, Required
00	cq_3	Turn kinder to mysen when things go wrong.	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
00	eg 6	Lean slow my thinking at times of stress	
89	eq_6	I can slow my thinking at times of stress.	radio, Required 1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
			3 Air the time

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90	eq_7	I wonder what kind of person I really am.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
91	eq_8	I am not so easily carried away by mythoughts and feelings.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
92	eq_9	I notice that I don't take difficulties so personally.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
93	eq_10	I can separate myself from my thoughts and feelings.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
94	eq_11	I analyze why things turn out the way they do.	radio, Required
-	- cq_11	Tunings turn out the way they do.	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
95	eq_12	I can take time to respond to difficulties.	radio, Required
			1 Never
			2 Rarely 3 Sometimes
			4 Often
			5 All the time
96	eq_13	I think over and over again about what others have said to me.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
97	eq_14	I can treat myself kindly.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
			5 / a.e diffe

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and inside me. 1 Newer 2 Rerety 3 Sometimes 4 Other 5 All the time 100 eq. 17 1 can artically see that I am not my thoughts. 2 Rerety 3 Sometimes 4 Other 7 Newer 4 Newer 5 Newer 6 Newer 6 Newer 6 Newer 6 Newer 6 Newer 7 Newer	98	eq_15	I can observe unpleasant feelings without being drawn into them.	1 Never 2 Rarely 3 Sometimes 4 Often
1 Never 2 Rarely 3 Sometimes 4 Orban 5 All the time 1	99	eq_16		1 Never 2 Rarely 3 Sometimes 4 Often
1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 3 Sometimes 4 Often 5 All the time 7 Rarely 7 Rarel	100	eq_17	I can actually see that I am not my thoughts.	1 Never 2 Rarely 3 Sometimes 4 Often
1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time 1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time 5 All the time 5 All the time 5 All the time 7 Never 2 Rarely 3 Sometimes 4 Often 5 All the time 7 Never 2 Rarely 3 Sometimes 4 Often 5 All the time 7 Never 2 Rarely 3 Never 3	101	eq_18	I am consciously aware of a sense of my body as a whole.	1 Never 2 Rarely 3 Sometimes 4 Often
1 Never 2 Rarely 3 Sometimes 4 Often 5 All the time 104 experiences_questionnaire_com Plete Section Header: Form Status Complete? dropdown 0 Incomplete 1 Universified 2 Complete	102	eq_19	I think about the ways in which I am different from other people.	1 Never 2 Rarely 3 Sometimes 4 Often
Description Description	103	eq_20	I view things from a wider perspective.	1 Never 2 Rarely 3 Sometimes 4 Often
Timestamp Sleep Quality text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY 106 psqi_1 Section Header: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions. During the past month, what time have you usually gone to bed? 107 psqi_2 During the past month, how long (in minutes) has it taken you to fall asleep each night? 108 psqi_3 During the past month, what time have you usually gotten up in the morning? 109 psqi_4a During the past month, how many hours of actual sleep did you get at night (per night, on average)? 110 psqi_4b During the past month, how many hours were you in bed (per night, text, Required	104			0 Incomplete 1 Unverified
Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY 106	Instri	ument: Sleep Quality Assessi	ment (PSQI) (sleep_quality_assessment_psqi)	
past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions. During the past month, what time have you usually gone to bed? During the past month, how long (in minutes) has it taken you to fall asleep each night? During the past month, what time have you usually gotten up in the morning? During the past month, what time have you usually gotten up in the morning? During the past month, how many hours of actual sleep did you get at night (per night, on average)? During the past month, how many hours were you in bed (per night, text, Required)	105	ts_sleep	Timestamp Sleep Quality	Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
asleep each night? During the past month, what time have you usually gotten up in the morning? During the past month, how many hours of actual sleep did you get at night (per night, on average)? During the past month, how many hours were you in bed (per night, text, Required) text, Required	106	psqi_1	past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.	text, Required
morning? During the past month, how many hours of actual sleep did you get at night (per night, on average)? During the past month, how many hours were you in bed (per night, text, Required) During the past month, how many hours were you in bed (per night, text, Required)	107	psqi_2		text (number, Min: 0, Max: 1440), Required
night (per night, on average)? 110 psqi_4b During the past month, how many hours were you in bed (per night, text, Required		psqi_3	morning?	·
			night (per night, on average)?	·
	110	psqi_4b		text, Required

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111	psqi_5a	Section Header: During the past month, how often have you had trouble sleeping because you	radio, Required
		Cannot get to sleep in 30 minutes	0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
112	psqi_5b	Wake up in the middle of the night or early morning	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
112			
113	psqi_5c	Have to get up to use the bathroom	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
114	psqi_5d	Cannot breathe comfortably	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
115	psqi_5e	Cough or snore loudly	radio, Required
113	psqi_sc	Cough of Shore loudly	0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
116	psqi_5f	Feel too cold	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
117	psqi_5g	Feel too hot	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
110	psqi_5h	Have bad dreams	<u> </u>
118	hədi nii	Triave bad dreams	radio, Required 0 Not during the past month
			1 Less than once a week
			
			2 Once or twice a week
			3 Three or more times a week
119	psqi_5i	Have pain	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
120	psqi_5j	Other reason (s)	radio, Required
	. 1=3		0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
1			3 Three or more times a week
121	psqi_5j_explain	please describe, including how often you had trouble sleeping because of this reason (s):	text, Required
	Show the field ONLY if:	- 0. 4.13 (cusoff (s).	
1	[psqi_5j] = '1' or [psqi_5j] = '2' or [psqi_5j] = '3'		
<u> </u>	er - 11.—714 →	<u> </u>	<u> </u>

122	psqi_6 psqi_7 psqi_8	Section Header: During the last month, How often have you taken a medicine (prescribed or "over the counter") to help you sleep? How often have you had trouble staying awake while driving, eating meals, or engaging in social activity? How much of a problem has it been for you to keep up enthusiasm to	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week radio, Required
		get things done?	0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
125	psqi_9	How would you rate your sleep quality overall?	radio, Required 0 Very good 1 Fairly good 2 Fairly bad 3 Very bad
126	sleep_quality_assessment_psqi_c omplete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instr	ument: Perceived Stress Scale	e (perceived_stress_scale)	
127	ts_stress	Timestamp Perceived stress	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
128	pss_1	Section Header: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate selecting how often you felt or thought a certain way. In the last month, how often have you been upset because of something that happened unexpectedly?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
129	pss_2	In the last month, how often have you felt that you were unable to control the important things in your life?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
130	pss_3	In the last month, how often have you felt nervous and "stressed"?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
131	pss_4	In the last month, how often have you felt confident about your ability to handle your personal problems?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often

132	pss_5 pss_6	In the last month, how often have you felt that things were going your way? In the last month, how often have you found that you could not cope with all the things that you had to do?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
134	pss_7	In the last month, how often have you been able to control irritations in your life?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
135	pss_8	In the last month, how often have you felt that you were on top of things?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
136	pss_9	In the last month, how often have you been angered because of things that were outside of your control?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
137	pss_10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
138	perceived_stress_scale_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instr	ument: Maia (maia)		
139	ts_maia	Timestamp MAIA	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
140	maia_1	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". When I am tense I notice where the tension is located in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH

141	maia_2	I notice when I am uncomfortable in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
142	maia_3	I notice where in my body I am comfortable.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
143	maia_4	I notice changes in my breathing, such as whether it slows down or speeds up.	radio, Required 0 0 0 1 1 1 2 2 3 3 4 4 4 5 5 5 Custom alignment: RH
144	maia_5	I do not notice (I ignore) physical tension or discomfort until they become more severe.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5 Custom alignment: RH
145	maia_6	I distract myself from sensations of discomfort.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5 Custom alignment: RH
146	maia_7	When I feel pain or discomfort, I try to power through it.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5 Custom alignment: RH

147	maia_8	When I feel physical pain, I become upset.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5 Custom alignment: RH
148	maia_9	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". I start to worry that something is wrong if I feel any discomfort.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5 Custom alignment: RH
149	maia_10	I can notice an unpleasant body sensation without worrying about it.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
150	maia_11	I can pay attention to my breath without being distracted by things happening around me.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5
151	maia_12	I can maintain awareness of my inner bodily sensations even when there is a lot going on around me.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5
152	maia_13	When I am in conversation with someone, I can pay attention to my posture.	radio, Required 0 0 0 1 1 2 2 3 3 4 4 5 5

153	maia_14	I can return awareness to my body if I am distracted.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
154	maia_15	I can refocus my attention from thinking to sensing my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
155	maia_16	I can maintain awareness of my whole body even when a part of me is in pain or discomfort.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
156	maia_17	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". I am able to consciously focus on my body as a whole.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
157	maia_18	I notice how my body changes when I am angry.	radio, Required 0 0 0 1 1 1 2 2 3 3 4 4 4 5 5 5 Custom alignment: RH
158	maia_19	When something is wrong in my life I can feel it in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH

159	maia_20	I notice that my body feels different after a peaceful experience.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
160	maia_21	I notice that my breathing becomes free and easy when I feel comfortable.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
161	maia_22	I notice how my body changes when I feel happy / joyful.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
162	maia_23	When I feel overwhelmed I can find a calm place inside.	radio, Required 0 0 1 1 2 2 3 3 3 4 4 4 5 5
163	maia_24	When I bring awareness to my body I feel a sense of calm.	radio, Required 0 0 0 1 1 1 2 2 3 3 4 4 4 5 5 5 Custom alignment: RH
164	maia_25	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". I can use my breath to reduce tension.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH

165	maia_26	When I am caught up in thoughts, I can calm my mind by focusing on my body/breathing.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
166	maia_27	I listen for information from my body about my emotional state.	radio, Required 0 0 1 1 2 2 3 3 4 4 4 5 5 5 Custom alignment: RH
167	maia_28	When I am upset, I take time to explore how my body feels.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5
168	maia_29	I listen to my body to inform me about what to do.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5
169	maia_30	I am at home in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
170	maia_31	I feel my body is a safe place.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5

171	maia_32 maia_complete	I trust my body sensations. Section Header: Form Status	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH dropdown
		Complete?	0 Incomplete 1 Unverified 2 Complete
Instru	ument: Big Five Inventory (Sh	ortened) (big_five_inventory_shortened_1eae)	
173	ts_big5_v2	Timestamp Big Five Inventory	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
174	extra	Section Header: Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please select an option for each statement to indicate the extent to which you agree or disagree with that statement. I see Myself as Someone Who Is Extraverted, enthusiastic	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_1
175	critical	Critical, quarrelsome	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_2
176	depend	Dependable, self-disciplined	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_3
177	anxious	Anxious, easily upset	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_4

178	open	Open to new experiences, complex	radio (Matrix), Required
			1 Strongly Disagree
			2 Disagree
			3 Somewhat disagree
			4 Neither agree nor disagree
			5 Somewhat agree
			6 Agree
			7 Strongly Agree
			Field Annotation: big5_5
179	intrav	Reserved, quiet	radio (Matrix), Required
			1 Strongly Disagree
			2 Disagree
			3 Somewhat disagree
			4 Neither agree nor disagree
			5 Somewhat agree
			6 Agree
			7 Strongly Agree
			Field Annotation: big5_6
180	sympath	Sympathetic, warm	radio (Matrix), Required
	5)	3,77,640.00.0	1 Strongly Disagree
			2 Disagree
			3 Somewhat disagree
			4 Neither agree nor disagree
			5 Somewhat agree
			6 Agree
			7 Strongly Agree
			Field Annotation: big5_7
181	disorg	Disorganized, careless	radio (Matrix), Required
			1 Strongly Disagree
			2 Disagree
			3 Somewhat disagree
			4 Neither agree nor disagree
			5 Somewhat agree
			6 Agree
			7 Strongly Agree
			Field Annotation: big5_8
182	calm	Calm, emotionally stable	radio (Matrix), Required
			1 Strongly Disagree
			2 Disagree
			3 Somewhat disagree
			4 Neither agree nor disagree
			5 Somewhat agree
			6 Agree
			7 Strongly Agree
			Field Annotation: big5_9
-			

183	big_five_inventory_shortened_1e ae_complete	Conventional, uncreative Section Header: Form Status Complete?	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_10 dropdown 0 Incomplete
			1 Unverified 2 Complete
Instr	ument: Five Facet Mindfulne	ss Questionnaire (five_facet_mindfulness_questionnaire)	
185	ts_five_facet	Timestamp Five Facet	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
186	ffmq_1	Section Header: Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you. When I'm walking, I deliberately notice the sensations of my body moving.	radio (Matrix), Required 1 Never or very rarely true 2 Rarely true 3 Sometimes true 4 Often true 5 Very often or always true
187	ffmq_19	When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.	radio (Matrix), Required 1 Never or very rarely true 2 Rarely true 3 Sometimes true 4 Often true 5 Very often or always true
188	ffmq_20	I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.	radio (Matrix), Required 1 Never or very rarely true 2 Rarely true 3 Sometimes true 4 Often true 5 Very often or always true
189	ffmq_21	In difficult situations, I can pause without immediately reacting.	radio (Matrix), Required 1 Never or very rarely true 2 Rarely true 3 Sometimes true 4 Often true 5 Very often or always true
190	ffmq_24	When I have distressing thoughts or images, I feel calm soon after.	radio (Matrix), Required 1 Never or very rarely true 2 Rarely true 3 Sometimes true 4 Often true 5 Very often or always true
191	ffmq_26	I notice the smells and aromas of things.	radio (Matrix), Required 1 Never or very rarely true 2 Rarely true 3 Sometimes true 4 Often true 5 Very often or always true

192	ffmq_29	When I have distressing thoughts or images I am able just to notice	radio (Matrix), Required
		them without reacting.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
193	ffmq_31	I notice visual elements in art or nature, such as colors, shapes,	radio (Matrix), Required
		textures, or patterns of light and shadow.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
194	ffmq_33	When I have distressing thoughts or images, I just notice them and let	radio (Matrix), Required
134	11111 <u>4_</u> 55	them go.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
	<i>c</i>		
195	ffmq_36	I pay attention to how my emotions affect my thoughts and behavior.	radio (Matrix), Required
			1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
196	five_facet_mindfulness_question	Section Header: Form Status	dropdown
	naire_complete	Complete?	0 Incomplete
			1 Unverified
			2 Complete
Instr	ument: Self-Regulation of Eat	cing (selfregulation_of_eating)	
197	ts_eating_regulation	Timestamp self-regulation of eating	text
			Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
198	srebq_1	List up to three food types you find tempting (that is, do you want to	text, Required
		eat more of them than you think you should?). If none, say 'none'.	
199	srebq_2	Do you intend NOT to eat too much of the foods you find tempting in the previous question?	yesno, Required
		the previous question:	1 Yes
			0 No
200	srebq_3	Do you intend to have a healthy diet?	yesno, Required
			1 Yes
			0 No
201	srebq_4	Please read the following statements and tick the boxes most	descriptive
	Show the field ONLY if:	appropriate to you. For the next few questions, please understand that: - 'Tempting foods' are any food you want to eat more of than you	
	[srebq_2] = '1' and [srebq_3] = '1'	think you should 'Eating intentions' refer to the way you are aiming to	
		eat; for example you may intend to avoid tempting foods or eat healthy foods.	
202	srebq_4a	I give up too easily on my eating intentions.	radio, Required
_02	Show the field ONLY if:	- gp too casing on my cating internation	5 Never
	[srebq_2] = '1' and [srebq_3] = '1'		4 Rarely
			3 Sometimes
			2 Often
			1 Always
			I Aiways

203	srebq_4b	I'm good at resisting tempting food.	radio, Required
	Show the field ONLY if:		1 Never
	[srebq_2] = '1' and [srebq_3] = '1'		2 Rarely
			3 Sometimes
			4 Often
			5 Always
204	srebq_4c	I easily get distracted from the way I intend to eat.	radio, Required
	Show the field ONLY if:		5 Never
	[srebq_3] = '1' and [srebq_2] = '1'		4 Rarely
			3 Sometimes
			2 Often
			1 Always
205	srebq_4d	If I am not eating in the way I intend to I make changes.	radio, Required
	Show the field ONLY if:		1 Never
	[srebq_2] = '1' and [srebq_3] = '1'		2 Rarely
			3 Sometimes
			4 Often
			5 Always
206	srebq_4e	I find it hard to remember what I have eaten throughout the day.	radio, Required
200	.–	Thind it hard to remember what thave eaten throughout the day.	5 Never
	Show the field ONLY if: [srebq_2] = '1' and [srebq_3] = '1'		4 Rarely
			3 Sometimes
			2 Often
			1 Always
	l 16 1 1 6 11 1 1 1 1 1 1 1 1 1 1 1 1 1		
207	selfregulation_of_eating_complet e		dropdown
207		Section Header: Form Status Complete?	0 Incomplete
207			0 Incomplete 1 Unverified
	e	Complete?	0 Incomplete
	e		0 Incomplete 1 Unverified
	e	Complete?	0 Incomplete 1 Unverified 2 Complete text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
Instru 208	e ument: Emotion Regulation C ts_erq	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation	0 Incomplete 1 Unverified 2 Complete text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY
Instri	e ument: Emotion Regulation C	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions	0 Incomplete 1 Unverified 2 Complete text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required
Instru 208	e ument: Emotion Regulation C ts_erq	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree
Instru 208	e ument: Emotion Regulation C ts_erq	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the	1 Unverified 2 Complete text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2
Instru 208	e ument: Emotion Regulation C ts_erq	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how	0 Incomplete 1 Unverified 2 Complete text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3
Instru 208	e ument: Emotion Regulation C ts_erq	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral
Instru 208	e ument: Emotion Regulation C ts_erq	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5
Instru 208	e ument: Emotion Regulation C ts_erq	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6
Instru 208 209	e ument: Emotion Regulation C ts_erq erq_1	Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree
Instru 208	e ument: Emotion Regulation C ts_erq	Complete? Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree radio (Matrix), Required
Instru 208 209	e ument: Emotion Regulation C ts_erq erq_1	Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Agree
Instru 208 209	e ument: Emotion Regulation C ts_erq erq_1	Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 6 7 7 Strongly Agree
Instru 208 209	e ument: Emotion Regulation C ts_erq erq_1	Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3
Instru 208 209	e ument: Emotion Regulation C ts_erq erq_1	Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 6 7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral
Instru 208 209	e ument: Emotion Regulation C ts_erq erq_1	Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 5 7 7 Strongly Disagree
Instru 208 209	e ument: Emotion Regulation C ts_erq erq_1	Questionnaire (ERQ) (emotion_regulation_questionnaire_erq) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 6 7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral

Part			5.16.P	<u> </u>
Part	211	erq_3		
Second S			Change what i'm thinking about.	
A control				2 2
Second S				3 3
Second S				4 4 Neutral
212 Frq.4 When I am feeling positive emotions, I am careful not to express them 1 strongly Nagroe 2 2 2 3 3 4 4 Neutral 4 1 strongly Nagroe 2 2 2 3 4 4 Neutral 4 1 strongly Nagroe 2 2 2 3 3 4 4 Neutral 4 4 Neutral 4 4 Neutral 5 5 5 3 4 4 Neutral 5 5 5 5 5 5 5 5 5				
1				
Part				
1				7 7 Strongly Agree
Part	212	erq_4	When I am feeling positive emotions, I am careful not to express them.	radio (Matrix), Required
Part				1 1 Strongly Disagree
Part				2 2
A control my emotions by not expressing them. Control my emotion				
S S S S S S S S S S				
Part				
213 Fraction When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm. 1 2 1 2 2 2 3 3 3 4 4 4 4 4 4 4				
214 Page P				6 6
Parameter Para				7 7 Strongly Agree
Parameter Para	213	erq_5	When I'm faced with a stressful situation, I make myself think about it	radio (Matrix), Required
Table	1			
Second S				
A 4 A Noutral 5 5 5 5 5 6 6 6 7 7 Strongly Agree 7 7 Strongly Agree 1 1 1 1 1 1 1 1 1				
S S S S S S S S S S				
Total Part				
Paragraph Paragraph Paragraph Paragraph Paragraph				
Page				6 6
1 1 1 1 1 1 1 1 1 1				7 7 Strongly Agree
1 1 1 1 1 1 1 1 1 1	214	era 6	I control my emotions by not expressing them	radio (Matrix). Required
Part		C14_0	restricting emotions by not expressing them.	
Part				
A A Neutral F S S S S S S S S S				—
S S S G G G F T T T T T T T T T				
Eq. 2 Fr. 2 Fr. 3 When I want to feel more positive emotion, I change the way I'm thinking about the situation. Total positive emotion, I change the way I'm thinking about the situation. Total positive emotion, I change the way I'm thinking about the situation. Total positive emotion, I change the way I'm thinking, I control my emotions where the way I'm thinking about the situation. Total positive emotion, I change the way I'm thinking, I control my emotions where the way I'm thinking about the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion where the way I think about the situation Total positive emotion Total positive emotion Total positive emotion Total positiv				4 4 Neutral
Property of thinking about the situation. Thinking about t				5 5
216 erq_8				6 6
216 erq_8				7 7 Strongly Agree
1 1 1 1 1 1 1 1 1 1	215	ora 7	When I want to feel more positive emotion. I shapes the way the	
Provided to the standard of	215	erq_/	thinking about the situation.	
3 3 4 4 Neutral 5 5 5 6 6 6 7 7 Strongly Agree	1			
4 4 Neutral 5 5 6 6 7 7 7 Strongly Agree 2 2 3 3 3 4 4 Neutral 5 5 5 6 6 7 7 Strongly Disagree 2 2 2 3 3 3 4 4 Neutral 5 5 5 6 6 6 6 6 6 6				
216 erq_8	1			3 3
216 erq_8				4 4 Neutral
216 erq_8	1			5 5
216 erq_8				
216 erq_8	1			
I'm in.				
2 2 3 3 4 4 Neutral 5 5 6 6				7 7 Strongly Agree
3 3 4 4 Neutral 5 5 6 6	216	erq_8		7 7 Strongly Agree radio (Matrix), Required
4 4 Neutral 5 5 6 6	216	erq_8		7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree
5 5 6 6	216	erq_8		7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2
5 5 6 6	216	erq_8		7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2
6 6	216	erq_8		7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3
	216	erq_8		7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral
7 7 Strongly Agree	216	erq_8		7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5
	216	erq_8		7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6

217	erq_9 erq_10	When I am feeling negative emotions, I make sure not to express them. When I want to feel less negative emotion, I change the way I'm thinking about the situation.	radio (Matrix), Required 1
			1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 6 7 7 Strongly Agree
219	emotion_regulation_questionnair e_erq_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instr	ument: CD-RISC (cdrisc)		
220	ts_cd_risc	Timestamp CD-RISC	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
221	cdrisc_1	Section Header: For each item, please mark the option that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt. I am able to adapt when changes occur.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
222	cdrisc_2	I have at least one close and secure relationship that helps me when I am stressed.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
223	cdrisc_3	When there are no clear solutions to my problems, sometimes fate or God can help.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
224	cdrisc_4	l can deal with whatever comes my way.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time

3/2020	,	Sharp minutumess tools study NE	
225	cdrisc_5	Past successes give me confidence in dealing with new challenges and	radio, Required
		difficulties.	0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
226	cdrisc_6	I try to see the humorous side of things when I am faced with	radio, Required
220	cansc_o	problems.	0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
227	cdrisc_7	Having to cope with stress can make me stronger.	radio, Required O Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
228	cdrisc_8	I tend to bounce back after illness, injury, or other hardships.	radio, Required
			0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
229	cdrisc_9	Good or bad, I believe that most things happen for a reason.	radio, Required
			0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
230	cdrisc_10	I give my best effort no matter what the outcome may be.	radio, Required
			0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
221	cdrisc_11	Lholing Lean achieve my goals, even if there are obstacles	
231	curist_11	I believe I can achieve my goals, even if there are obstacles.	radio, Required 0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
232	cdrisc_12	Even when things look hopeless, I don't give up.	radio, Required
			0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
	•		

13/2020		Sharp minutumess tools study NE	.5 oup
233	cdrisc_13	During times of stress/crisis, I know where to turn for help.	radio, Required
			0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
234	cdrisc_14	Under pressure, I stay focused and think clearly.	radio, Required
234	curisc_14	order pressure, i stay focused and think clearly.	0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
235	cdrisc_15	I prefer to take the lead in solving problems rather than letting others	radio, Required
		make all the decisions.	0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
236	cdrisc_16	I am not easily discouraged by failure.	radio, Required
	_		0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
237	cdrisc_17	I think of myself as a strong person when dealing with life's challenges and difficulties.	radio, Required 0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
238	cdrisc_18	I can make unpopular or difficult decisions that affect other people, if	radio, Required
		it is necessary.	0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
239	cdrisc_19	I am able to handle unpleasant or painful feelings like sadness, fear,	radio, Required
	1	and anger.	0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time
240	cdrisc_20	In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	radio, Required
		manoat knowing why.	0 Not true at all
			1 Rarely true
			2 Sometimes true
			3 Often true
			4 True nearly all the time

241	cdrisc_21 cdrisc_22	I have a strong sense of purpose in life. I feel in control of my life.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true
			4 True nearly all the time
243	cdrisc_23	I like challenges.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
244	cdrisc_24	I work to attain my goals no matter what roadblocks I encounter along the way.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
245	cdrisc_25	I take pride in my achievements.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
246	cdrisc_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instri	ument: Motivation Assessme	ent Survey (motivation_assessment_survey)	
247	ts_motivation	Timestamp Motivation	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
248	motivation_1	Section Header: Rate the first 5 questions on a scale of 0-10, 10 being highest. How effective do you expect this 4-week meditation intervention to be for helping you manage your daily stress?	dropdown (autocomplete) 0

249	motivation_2	Compared to others your age, how would you rank your overall level of usage of mobile technology to assist with your health (such as food/diet/sleep/exercise apps and tools like FitBit) and/or daily living (such as apps for scheduling, organizing, note taking, etc)?	dropdown (autocomplete, Min: 0, Max: 10)
		(Such as apps for scrieduling, organizing, flote taking, etc.):	2 2 3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10
250	motivation_3	How strongly do you believe you can learn to use your mind to help control your own thoughts, behaviors and reactions?	dropdown (autocomplete, Min: 0, Max: 10)
		control your own thoughts, behaviors and reactions:	0 0 1 1
			3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10
251	motivation_4	How enthusiastic do you feel regarding your assigned meditation tool(s)?	dropdown (autocomplete, Min: 0, Max: 10)
		(3).	
			2 2
			3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10
252	motivation_5	How self-motivated are you to develop a long-term meditation practice?	dropdown (autocomplete, Min: 0, Max: 10)
			2 2
			3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10
253	motivation_6	Regarding your expectations for your participation in this study, what is the likelihood that you will comply with all requirements of this study	radio 0 Not likely
		and complete the study in full?	1 Somewhat likely
			2 Very likely

0/2020	Sharp mindulitiess tools study NEDOap					
254	motivation_7	What is the strongest motivator for you to complete this study?	radio			
			0 Financial compensation			
			1 Extra credit			
			2 Acquiring skills/Learning to meditate			
			3 Reducing stress			
			4 Curiosity/fun			
			5 Health benefits			
			6 Other			
255	motivation_8	Scientific studies suggest there could be a variety of potential benefits	radio			
		of a regular meditation practice. Which of the purported benefits most appeal to you?	0 Cognitive (such as increased attention, focus, etc.)			
		appear to you:	Emotional (such as reduced stress, improved feelings of well-being, etc.)			
			2 Physical benefits (such as improved sleep or health)			
			3 Performance benefits (such as in sports, job interviews, and tests)			
			4 Other			
			5 None			
256	motivation_assessment_survey_c	Section Header: Form Status	dropdown			
	omplete	Complete?	0 Incomplete			
			1 Unverified			
			2 Complete			
Instr	ument: Self-Reported Survey	1 (selfreported_survey_1)				
257	ts1	Timestamp 1	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY			
258	min_w_tools_v2_v1	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required			
259	min_wo_tools_v2_v1	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required			
260	cmhs_meditation_room_v2_v1	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required 1 Yes 0 No			
261	technical_difficulties_v2_v1	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required 1 Yes 0 No			
262	technical_difficulties_2_v2_v1	If "Yes", please explain.	notes			

Action Continue	3/2020	Sharp minutumess tools study NEDCap					
Part	263	post_meditation_feeling_v2_v1		ched	kbox		
Setting Sett			last meditation session.	1	post_meditation_feeling_v2_v11	Frustrated	
A post_meditation_feeling_v2_v1_4 Less stressed 5 post_meditation_feeling_v2_v1_5 Fell seleep 6 post_meditation_feeling_v2_v1_5 Fell seleep 6 post_meditation_feeling_v2_v1_6 Peaceful 7 post_meditation_feeling_v2_v1_6 Peaceful 7 post_meditation_feeling_v2_v1_7 Calm 8 post_meditation_feeling_v2_v1_8 Happy 9 post_meditation_feeling_v2_v1_10 Relaxed 11 post_meditation_feeling_v2_v1_11 Worried 12 post_meditation_feeling_v2_v1_11 Worried 13 post_meditation_feeling_v2_v1_11 Confused 13 post_meditation_feeling_v2_v1_12 Confused 14 post_meditation_feeling_v2_v1_12 Confused 15 post_meditation_feeling_v2_v1_15 Angry 16 post_meditation_feeling_v2_v1_15 Angry 16 post_meditation_feeling_v2_v1_16 Energized 17 post_meditation_feeling_v2_v1_16 Energized 17 post_meditation_feeling_v2_v1_18 Excited 17 post_meditation_feeling_v2_v1_18 Excited 17 post_meditation_feeling_v2_v1_18 Excited 17 post_meditation_feeling_v2_v1_18 Excited 18 post_meditation_feeling_v2_v1_18 Excited 18 post_meditation_feeling_v2_v1_18 Excited 19 post_meditation_feeling_v2_v1_18 Excited 10 post_meditation_feeling_v2_v1_18 Excit				2	post_meditation_feeling_v2_v12	More stressed	
Spot_meditation_feeling_v2_v15 Fell asleep Spot_meditation_feeling_v2_v16 Peaceful Post_meditation_feeling_v2_v16 Peaceful Post_meditation_feeling_v2_v18 Happy Spot_meditation_feeling_v2_v19 Anxious Spot_meditation_feeling_v2_v19 Anxious Spot_meditation_feeling_v2_v19 Anxious Spot_meditation_feeling_v2_v110 Relaxed Spot_meditation_feeling_v2_v111 Worried Spot_meditation_feeling_v2_v112 Confused Spot_meditation_feeling_v2_v113 Settled Spot_meditation_feeling_v2_v114 Focused Spot_meditation_feeling_v2_v115 Angry Spot_meditation_feeling_v2_v115 Angry Spot_meditation_feeling_v2_v115 Focused Spot_meditation_feeling_v2_v116 Energized Spot_meditation_feeling_v2_v117 Sad Spot_meditation_feeling_v2_v118 Excited Spot_meditation_feeling_v2_v119 Ex				3	post_meditation_feeling_v2_v13	Tired	
Fig.				4	post_meditation_feeling_v2_v14	Less stressed	
7 post_meditation_feeling_v2_v17 Calim				5	post_meditation_feeling_v2_v15	Fell asleep	
8 post_meditation_feeling_v2_v1_8 Happy 9 post_meditation_feeling_v2_v1_9 Anxious 10 post_meditation_feeling_v2_v1_10 Relaxed 11 post_meditation_feeling_v2_v1_11 Worried 12 post_meditation_feeling_v2_v1_11 Worried 12 post_meditation_feeling_v2_v1_12 Confused 13 post_meditation_feeling_v2_v1_13 Settled 14 post_meditation_feeling_v2_v1_14 Focused 15 post_meditation_feeling_v2_v1_15 Angry 16 post_meditation_feeling_v2_v1_15 Angry 16 post_meditation_feeling_v2_v1_15 Angry 16 post_meditation_feeling_v2_v1_16 Energized 17 post_meditation_feeling_v2_v1_17 Sad 18 post_meditation_feeling_v2_v1_17 Sad 18 post_meditation_feeling_v2_v1_18 Excited Volume				6	post_meditation_feeling_v2_v16	Peaceful	
9 post_meditation_feeling_v2_v110 Relaxed				7	post_meditation_feeling_v2_v17	Calm	
10 post_meditation_feeling_v2_v1_10 Relaxed 11 post_meditation_feeling_v2_v1_11 Worried 12 post_meditation_feeling_v2_v1_12 Confused 13 post_meditation_feeling_v2_v1_14 Confused 13 post_meditation_feeling_v2_v1_14 Focused 15 post_meditation_feeling_v2_v1_14 Focused 15 post_meditation_feeling_v2_v1_16 Energized 17 post_meditation_feeling_v2_v1_16 Energized 17 post_meditation_feeling_v2_v1_16 Energized 18 post_meditation_feeling_v2_v1_18 Excited 18 post_meditation_feeling_v2_v1_19 Excited 18 post_meditation_feeling_v2_v1_18 Excited 18 post_meditation_feeling_v2_v1_19 Excited 19 Excited_v1 Excited				8	post_meditation_feeling_v2_v18	Нарру	
1 post_meditation_feeling_v2_v111 Worried 12 post_meditation_feeling_v2_v112 Confused 13 post_meditation_feeling_v2_v113 Settled 14 post_meditation_feeling_v2_v114 Focused 15 post_meditation_feeling_v2_v114 Focused 15 post_meditation_feeling_v2_v115 Angry 16 post_meditation_feeling_v2_v115 Angry 16 post_meditation_feeling_v2_v115 Angry 16 post_meditation_feeling_v2_v116 Energized 17 post_meditation_feeling_v2_v118 Excited 18 post_meditation_feeling_v2_v118 Excited 18 post_meditation_feeling_v2_v118 Excited 18 post_meditation_feeling_v2_v118 Excited 18 post_meditation_feeling_v2_v118 Excited 19 post_meditation_feeling_v2_v118 Excited 10 Incomplete 10				9	post_meditation_feeling_v2_v19	Anxious	
12 post_meditation_feeling_v2_v112 Confused				10	post_meditation_feeling_v2_v110	Relaxed	
13 post_meditation_feeling_v2_v113 Settled 14 post_meditation_feeling_v2_v114 Focused 15 post_meditation_feeling_v2_v115 Angry 16 post_meditation_feeling_v2_v115 Angry 16 post_meditation_feeling_v2_v117 Sad 17 post_meditation_feeling_v2_v117 Sad 18 post_meditation_feeling_v2_v117 Sad 18 post_meditation_feeling_v2_v118 Excited 17 post_meditation_feeling_v2_v118 Excited 19 Universified 2 Complete 19 Universified 1				11	post_meditation_feeling_v2_v111	Worried	
14 post_meditation_feeling_v2_v114 Focused 15 post_meditation_feeling_v2_v115 Angry 16 post_meditation_feeling_v2_v115 Angry 16 post_meditation_feeling_v2_v116 Energized 17 post_meditation_feeling_v2_v117 Sad 18 post_meditation_feeling_v2_v118 Excited 19 Post_meditation_feeling_v2_v118 Excited 19 Post_meditation_feeling_v2_v118 Excited 19 Post_meditation_feeling_v2_v118 Excited 10 Post_meditation_feeling_v2_v118 Excited 10 Post_meditation_feeling_v2_v118 Excited 10 Post_meditation_feeling_v2_v119 Excited 10 Post_meditation_feeling_v2_v117 Sad 18 Post_meditation_feeling_v2_v118 Excited 10 Post_meditation_feeling_v2_v118 Post_meditation_				12	post_meditation_feeling_v2_v112	Confused	
15 post_meditation_feeling_v2_v115 Angry				13	post_meditation_feeling_v2_v113	Settled	
16 post_meditation_feeling_v2_v116 Energized 17 post_meditation_feeling_v2_v117 Sad 18 post_meditation_feeling_v2_v118 Excited 18 post_meditation_feeling_v2_v118 Excited 18 post_meditation_feeling_v2_v118 Excited 19 Incomplete 10 Inco				14	post_meditation_feeling_v2_v114	Focused	
17 post_meditation_feeling_v2_v117 Sad 18 post_meditation_feeling_v2_v118 Excited				15	post_meditation_feeling_v2_v115	Angry	
18 post_meditation_feeling_v2_v118 Excited				16	post_meditation_feeling_v2_v116	Energized	
264 selfreported_survey_1_complete Section Header: Form Status Complete? Instrument: Self-Reported Survey 2 (selfreported_survey_2) 265 ts2 Timestamp 2 Timestamp 2 In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance? 266 min_w_tools_v2 In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance? In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools? 268 cmhs_meditation_room_v2 In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? Vesno, Required Vesno, Required				17	post_meditation_feeling_v2_v117	Sad	
Complete? 0 Incomplete 1 Unverified 2 Complete 1 Unverified 2 Complete 1 Unverified 2 Complete				18	post_meditation_feeling_v2_v118	Excited	
Instrument: Self-Reported Survey 2 (selfreported_survey_2) 265 ts2 Timestamp 2 text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY 266 min_w_tools_v2 In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance? 267 min_wo_tools_v2 In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools? 268 cmhs_meditation_room_v2 In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	264	selfreported_survey_1_complete	Section Header: Form Status	drop	odown	<u> </u>	
Instrument: Self-Reported Survey 2 (selfreported_survey_2) 265 ts2 Timestamp 2 text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY 266 min_w_tools_v2 In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance? 267 min_wo_tools_v2 In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools? 268 cmhs_meditation_room_v2 In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? vesno, Required 269 technical_difficulties_v2 Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study? vesno, Required 1			Complete?	0	Incomplete		
Instrument: Self-Reported Survey 2 (selfreported_survey_2) 265 ts2 Timestamp 2 text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY 266 min_w_tools_v2 In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance? 267 min_wo_tools_v2 In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools? 268 cmhs_meditation_room_v2 In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? 269 technical_difficulties_v2 Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study? 27				1	Unverified		
Timestamp 2 text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY ln the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance? ln the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance? ln the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools? ln the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? ln the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? text (number), Required l				2	Complete		
Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY 266 min_w_tools_v2	Instr	ument: Self-Reported Survey	2 (selfreported_survey_2)				
Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY 266 min_w_tools_v2	265	ts2	Timestamp 2	text			
meditation using headphones and a tool for assistance? In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools? In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? The last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? The last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? The last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) period in the last 48 hours, approximately power and the last 48 hours, approximately period in the last 48 hours, approximately per			·			AY @HIDDEN-	
quiet meditation, such as breath counting or mantra, without any external tools? In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation? technical_difficulties_v2 Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study? yesno, Required yesno, Required 1	266	min_w_tools_v2	_ · · · · · · · · · · · · · · · · · · ·	text	(number), Required		
Health Services) meditation room to practice meditation? 1 Yes 0 No 269 technical_difficulties_v2 Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study? yesno, Required 1 Yes 0 No	267	min_wo_tools_v2	quiet meditation, such as breath counting or mantra, without any	text	(number), Required		
issues we should be made aware of related to this study? 1 Yes 0 No	268	cmhs_meditation_room_v2	I = = = = = = = = = = = = = = = = = = =	1	Yes		
270 technical_difficulties_2_v2 If "Yes", please explain. notes	269	technical_difficulties_v2		1	Yes		
	270	technical_difficulties_2_v2	If "Yes", please explain.	note	es		

3/2020	J	Snarp mindfulness tools study RE	DCa	P			
271	post_meditation_feeling_v2	n_feeling_v2 Check the following word(s) that best describes how you felt after your		checkbox			
		last meditation session.	1	post_meditation_feeling_v21	Frustrated		
			2	post_meditation_feeling_v22	More stressed		
			3	post_meditation_feeling_v23	Tired		
			4	post_meditation_feeling_v24	Less stressed		
			5	post_meditation_feeling_v25	Fell asleep		
			6	post_meditation_feeling_v26	Peaceful		
			7	post_meditation_feeling_v27	Calm		
			8	post_meditation_feeling_v28	Нарру		
			9	post_meditation_feeling_v29	Anxious		
			10	post_meditation_feeling_v210	Relaxed		
			11	post_meditation_feeling_v211	Worried		
			12	post_meditation_feeling_v212	Confused		
			13	post_meditation_feeling_v213	Settled		
			14	post_meditation_feeling_v214	Focused		
			15	post_meditation_feeling_v215	Angry		
			16	post_meditation_feeling_v216	Energized		
			17	post_meditation_feeling_v217	Sad		
			18	post_meditation_feeling_v218	Excited		
272	selfreported_survey_2_complete	Section Header: Form Status	drop	odown			
		Complete?	0	Incomplete			
			1	Unverified			
			2	Complete			
Instr	ument: Self-Reported Survey	3 (selfreported_survey_3)					
273	ts3	Timestamp 3	text				
			Field SUR	l Annotation: @HIDDEN @NOW @T	ODAY @HIDDEN-		
274	min_w_tools_v2_v3	In the last 48 hours, approximately how many minutes did you practice		(number), Required			
2,4	11111_44_(0013_42_43	meditation using headphones and a tool for assistance?	icat	(namber), required			
275	min_wo_tools_v2_v3	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required			
276	cmhs_meditation_room_v2_v3	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesn 1				
277	technical_difficulties_v2_v3	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	1	o, Required Yes No			
278	technical_difficulties_2_v2_v3	If "Yes", please explain.	note	S			
-							

3/2020	Shaip minduliness tools study NEDCap					
279	post_meditation_feeling_v2_v3	Check the following word(s) that best describes how you felt after your	checkbox			
		last meditation session.	1 post_meditation_feeling_v2_v31 Frustrated			
			2 post_meditation_feeling_v2_v32 More stressed			
			3 post_meditation_feeling_v2_v33 Tired			
			4 post_meditation_feeling_v2_v34 Less stressed			
			5 post_meditation_feeling_v2_v35 Fell asleep			
			6 post_meditation_feeling_v2_v36 Peaceful			
			7 post_meditation_feeling_v2_v37 Calm			
			8 post_meditation_feeling_v2_v38 Happy			
			9 post_meditation_feeling_v2_v39 Anxious			
			10 post_meditation_feeling_v2_v310 Relaxed			
			11 post_meditation_feeling_v2_v311 Worried			
			12 post_meditation_feeling_v2_v312 Confused			
			13 post_meditation_feeling_v2_v313 Settled			
			14 post_meditation_feeling_v2_v314 Focused			
			15 post_meditation_feeling_v2_v315 Angry			
			16 post_meditation_feeling_v2_v316 Energized			
			17 post_meditation_feeling_v2_v317 Sad			
			18 post_meditation_feeling_v2_v318 Excited			
280	selfreported_survey_3_complete	Section Header: Form Status	dropdown			
200	Semeported_survey_s_complete	Complete?	0 Incomplete			
			1 Unverified			
			2 Complete			
Instr	ument: Self-Reported Survey	4 (selfreported_survey_4)				
281	ts4	Timestamp 4	text			
			Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY			
282	min_w_tools_v2_v3_v4	In the last 48 hours, approximately how many minutes did you practice	text (number), Required			
202		meditation using headphones and a tool for assistance?	concentration, responsed			
283	min_wo_tools_v2_v3_v4	In the last 48 hours, approximately how many minutes did you practice	text (number), Required			
		quiet meditation, such as breath counting or mantra, without any external tools?				
284	cmhs_meditation_room_v2_v3_v	In the last 48 hours, did you go to the CMHS (Counseling and Mental	yesno, Required			
204	4	Health Services) meditation room to practice meditation?	1 Yes			
			0 No			
205	As about all difficulty and a con-	Didney and the second bloom to the second bloo				
285	technical_difficulties_v2_v3_v4	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required 1 Yes			
i i		1				
			 			
286	technical_difficulties_2_v2_v3_v4	If "Yes", please explain.	0 No			

	Sharp mindulness tools study REDCap				
287	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	ched	kbox	I
	4	last meditation session.	1	post_meditation_feeling_v2_v3_v41	Frustrated
			2	post_meditation_feeling_v2_v3_v42	More stressed
			3	post_meditation_feeling_v2_v3_v43	Tired
			4	post_meditation_feeling_v2_v3_v44	Less stressed
			5	post_meditation_feeling_v2_v3_v45	Fell asleep
			6	post_meditation_feeling_v2_v3_v46	Peaceful
			7	post_meditation_feeling_v2_v3_v47	Calm
			8	post_meditation_feeling_v2_v3_v48	Нарру
			9	post_meditation_feeling_v2_v3_v49	Anxious
			10	post_meditation_feeling_v2_v3_v410	Relaxed
			11	post_meditation_feeling_v2_v3_v411	Worried
			12	post_meditation_feeling_v2_v3_v412	Confused
			13	post_meditation_feeling_v2_v3_v413	Settled
			14	post_meditation_feeling_v2_v3_v414	Focused
			15	post_meditation_feeling_v2_v3_v415	Angry
			16	post_meditation_feeling_v2_v3_v416	Energized
			17	post_meditation_feeling_v2_v3_v417	Sad
			18	post_meditation_feeling_v2_v3_v418	Excited
288	selfreported_survey_4_complete	Section Header: Form Status Complete?	0	odown Incomplete Unverified	
			2	Complete	
Instr	ument: Self-Reported Survey	5 (selfreported_survey_5)			
289	ts5	Timestamp 5	text Field SUR	d Annotation: @HIDDEN @NOW @TODAY VEY	@HIDDEN-
290	min_w_tools_v2_v3_v4_v5	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required	
291	min_wo_tools_v2_v3_v4_v5	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required	
292	cmhs_meditation_room_v2_v3_v 4_v5	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	İΤ	no, Required Yes No	
293	technical_difficulties_v2_v3_v4_v5	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?		no, Required Yes No	
294	technical_difficulties_2_v2_v3_v4_ v5	If "Yes", please explain.	note	es	
_					

	Sharp minutumess tools study REDCap						
295	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	chec	kbox	1		
	4_v5	last meditation session.	1	post_meditation_feeling_v2_v3_v4_v51	Frustrated		
			2	post_meditation_feeling_v2_v3_v4_v52	More stressed		
			3	post_meditation_feeling_v2_v3_v4_v53	Tired		
			4	post_meditation_feeling_v2_v3_v4_v54	Less stressed		
			5	post_meditation_feeling_v2_v3_v4_v55	Fell asleep		
			6	post_meditation_feeling_v2_v3_v4_v56	Peaceful		
			7	post_meditation_feeling_v2_v3_v4_v57	Calm		
			8	post_meditation_feeling_v2_v3_v4_v58	Нарру		
			9	post_meditation_feeling_v2_v3_v4_v59	Anxious		
			10	post_meditation_feeling_v2_v3_v4_v510	Relaxed		
			11	post_meditation_feeling_v2_v3_v4_v511	Worried		
			12	post_meditation_feeling_v2_v3_v4_v512	Confused		
			13	post_meditation_feeling_v2_v3_v4_v513	Settled		
			14	post_meditation_feeling_v2_v3_v4_v514	Focused		
			15	post_meditation_feeling_v2_v3_v4_v515	Angry		
			16	post_meditation_feeling_v2_v3_v4_v516	Energized		
			17	post_meditation_feeling_v2_v3_v4_v517	Sad		
			18	post_meditation_feeling_v2_v3_v4_v518	Excited		
296	selfreported_survey_5_complete	Section Header: Form Status Complete?	0	odown Incomplete Unverified Complete			
Instru	ument: Self-Reported Survey	6 (selfreported_survey_6)		Complete			
297	ts6	Timestamp 6	text				
				Annotation: @HIDDEN @NOW @TODAY @H	IDDEN-		
298	min_w_tools_v2_v3_v4_v5_v6	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required			
299	min_wo_tools_v2_v3_v4_v5_v6	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required			
300	cmhs_meditation_room_v2_v3_v 4_v5_v6	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	1	no, Required Yes No			
301	technical_difficulties_v2_v3_v4_v5 _v6	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	1	no, Required Yes No			
302	technical_difficulties_2_v2_v3_v4_ v5_v6	If "Yes", please explain.	note	es ————————————————————————————————————			

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303	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	che	ckbox	
	4_v5_v6	last meditation session.	1	post_meditation_feeling_v2_v3_v4_v5_v61 Fi	rustra
			2		lore tresse
			3	post_meditation_feeling_v2_v3_v4_v5_v63 Ti	ired
			4		ess tresse
			5		ell sleep
			6	post_meditation_feeling_v2_v3_v4_v5_v66 Post_meditation_feeling_v2_v3_v4_v5_v66	eacef
			7	post_meditation_feeling_v2_v3_v4_v5_v67 C.	alm
			8	post_meditation_feeling_v2_v3_v4_v5_v68 H	арру
			9	post_meditation_feeling_v2_v3_v4_v5_v69 A	nxiou
			10	post_meditation_feeling_v2_v3_v4_v5_v610 R	elaxe
			11	post_meditation_feeling_v2_v3_v4_v5_v611 W	/orrie
			12	post_meditation_feeling_v2_v3_v4_v5_v612 C	onfus
			13	post_meditation_feeling_v2_v3_v4_v5_v613 Se	ettled
			14	post_meditation_feeling_v2_v3_v4_v5_v614 Fo	ocuse
			15	post_meditation_feeling_v2_v3_v4_v5_v615 A	ngry
			16	post_meditation_feeling_v2_v3_v4_v5_v616 E	nergiz
			17	post_meditation_feeling_v2_v3_v4_v5_v617 Sa	ad
			18	post_meditation_feeling_v2_v3_v4_v5_v618 E	xcited
304	selfreported_survey_6_complete	Section Header: Form Status Complete?	0	odown Incomplete Unverified Complete	
Instri	 ument: Self-Reported Survey	7 (selfreported_survey_7)		complete	
305	ts7	Timestamp 7	text		
				d Annotation: @HIDDEN @NOW @TODAY @HIDDEN	V -
306	min_w_tools_v2_v3_v4_v5_v6_v7	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required	
307	min_wo_tools_v2_v3_v4_v5_v6_v7	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required	
308	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	ĺΓ	no, Required Yes No	
309	technical_difficulties_v2_v3_v4_v5 _v6_v7	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?		no, Required Yes No	
310	technical_difficulties_2_v2_v3_v4_ v5_v6_v7	If "Yes", please explain.	note	25	

0/2020	J	Sharp minduness tools study RE	.ьсар
311	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	checkbox
	4_v5_v6_v7	last meditation session.	1 post_meditation_feeling_v2_v3_v4_v5_v6_v71 Frus
			2 post_meditation_feeling_v2_v3_v4_v5_v6_v72 More stres
			3 post_meditation_feeling_v2_v3_v4_v5_v6_v73 Tired
			4 post_meditation_feeling_v2_v3_v4_v5_v6_v74 Less stres
			5 post_meditation_feeling_v2_v3_v4_v5_v6_v75 Fell aslee
			6 post_meditation_feeling_v2_v3_v4_v5_v6_v76 Pead
			7 post_meditation_feeling_v2_v3_v4_v5_v6_v77 Calm
			8 post_meditation_feeling_v2_v3_v4_v5_v6_v78 Hap
			9 post_meditation_feeling_v2_v3_v4_v5_v6_v79 Anxi
			10 post_meditation_feeling_v2_v3_v4_v5_v6_v710 Rela
			11 post_meditation_feeling_v2_v3_v4_v5_v6_v711 Wor
			12 post_meditation_feeling_v2_v3_v4_v5_v6_v712 Conf
			13 post_meditation_feeling_v2_v3_v4_v5_v6_v713 Settl
			14 post_meditation_feeling_v2_v3_v4_v5_v6_v714 Focu
			15 post_meditation_feeling_v2_v3_v4_v5_v6_v715 Angr
			16 post_meditation_feeling_v2_v3_v4_v5_v6_v716 Ener
			17 post_meditation_feeling_v2_v3_v4_v5_v6_v717 Sad
			18 post_meditation_feeling_v2_v3_v4_v5_v6_v718 Excit
312	selfreported_survey_7_complete	Section Header: Form Status	dropdown
		Complete?	0 Incomplete
			1 Unverified
			2 Complete
Instr	ument: Self-Reported Survey	8 (selfreported_survey_8)	
313	ts8	Timestamp 8	text
			Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
314	min_w_tools_v2_v3_v4_v5_v6_v7_ v8	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text (number), Required
315	min_wo_tools_v2_v3_v4_v5_v6_v7 _v8	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text (number), Required
316	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7_v8	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesno, Required 1 Yes 0 No
317	technical_difficulties_v2_v3_v4_v5 _v6_v7_v8	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesno, Required 1 Yes 0 No
318	technical_difficulties_2_v2_v3_v4_ v5_v6_v7_v8	If "Yes", please explain.	notes

319	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	chec	ckbox
3.5	4_v5_v6_v7_v8	last meditation session.	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v81 Fru
			2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v82 Mcstr
			3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v83 Tr
			4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v84 Lesstr
			5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v85 Fel asl
			6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v86 Pe
			7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v87
			8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v88 Ha
			9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v89 An
			10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v810 Re
			11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v811 Wo
			12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v812 Co
			13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v813
			14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v814 Fpc
			15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v815 An
			16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v816 En
			17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v817 Sac
			18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v818 Exc
320	selfreported_survey_8_complete	Section Header: Form Status	drop	odown
		Complete?	0	Incomplete
			1	Unverified
			2	Complete
Instr	ument: Self-Reported Survey	9 (selfreported_survey_9)		
321	ts9	Timestamp 9	text Field SUR	Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
322	min_w_tools_v2_v3_v4_v5_v6_v7_ v8_v9	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required
323	min_wo_tools_v2_v3_v4_v5_v6_v7 _v8_v9	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required
324	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7_v8_v9	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	\Box	no, Required Yes No
325	technical_difficulties_v2_v3_v4_v5 _v6_v7_v8_v9	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	1	no, Required Yes No
326	technical_difficulties_2_v2_v3_v4_ v5_v6_v7_v8_v9	If "Yes", please explain.	note	es

	,	Onarp mindramoso toolo stady NE		•
327	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	che	ckbox
	4_v5_v6_v7_v8_v9	last meditation session.	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v92
			3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v93
			4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v94
			5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v95
			6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v96
			7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v97
			8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v98
			9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v99
			10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
			18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v91
328	selfreported_survey_9_complete	Section Header: Form Status	dro	odown
		Complete?	0	Incomplete
			1	Unverified
			2	Complete
Instr	ument: Self-Reported Survey	10 (selfreported_survey_10)		
329	ts10	Timestamp 10	text	
			Field SUR	d Annotation: @HIDDEN @NOW @TODAY @HIDDEN- VEY
330	min_w_tools_v2_v3_v4_v5_v6_v7_ v8_v9_v10	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required
331	min_wo_tools_v2_v3_v4_v5_v6_v7 _v8_v9_v10	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required
332	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7_v8_v9_v10	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	$\overline{}$	no, Required Yes No
333	technical_difficulties_v2_v3_v4_v5 _v6_v7_v8_v9_v10	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?		no, Required Yes No
334	technical_difficulties_2_v2_v3_v4_ v5_v6_v7_v8_v9_v10	If "Yes", please explain.	note	es

225	T	Charles following a world's that he are the other houses following a world's that he are the other houses following a world's that he are the other houses following a world's that he are the other houses following a world's that he are the other houses following a world's that he are the other houses following a world's that he are the other houses following a world and the other houses following a world		•
335	post_meditation_feeling_v2_v3_v 4_v5_v6_v7_v8_v9_v10	Check the following word(s) that best describes how you felt after your last meditation session.		ckbox
	-4_v3_v6_v7_v6_v5_v16	add mediadion session.	2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_ post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			_	
			3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
336	selfreported_survey_10_complet	Section Header: Form Status	drop	odown
	е	Complete?	0	Incomplete
			1	Unverified
			2	Complete
Instr	ument: Self-Reported Survey	11 (selfreported_survey_11)		
337	ts11	Timestamp 11	text	
			Field SUR	d Annotation: @HIDDEN @NOW @TODAY @HIDDEN- VEY
338	min_w_tools_v2_v3_v4_v5_v6_v7_ v8_v9_v10_v11	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required
339	min_wo_tools_v2_v3_v4_v5_v6_v7 _v8_v9_v10_v11	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required
340	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7_v8_v9_v10_v11	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	yesr 1 0	
341	technical_difficulties_v2_v3_v4_v5 _v6_v7_v8_v9_v10_v11	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	yesr 1 0	
342	technical_difficulties_2_v2_v3_v4_ v5_v6_v7_v8_v9_v10_v11	If "Yes", please explain.	note	es

343	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	1	ckbox
J 4 J	4_v5_v6_v7_v8_v9_v10_v11	last meditation session.	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
			18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v
344	selfreported_survey_11_complet	Section Header: Form Status	drop	odown
	е	Complete?	0	Incomplete
			1	Unverified
			2	Complete
Instr	ument: Self-Reported Survey	12 (selfreported_survey_12)		
345	ts12	Timestamp 12	text Field SUR	d Annotation: @HIDDEN @NOW @TODAY @HIDDEN- VEY
346	min_w_tools_v2_v3_v4_v5_v6_v7_ v8_v9_v10_v11_v12	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required
347	min_wo_tools_v2_v3_v4_v5_v6_v7 _v8_v9_v10_v11_v12	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required
348	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7_v8_v9_v10_v11_v12	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	ÌТ	no, Required Yes No
349	technical_difficulties_v2_v3_v4_v5 _v6_v7_v8_v9_v10_v11_v12	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?		no, Required Yes No
350	technical_difficulties_2_v2_v3_v4_ v5_v6_v7_v8_v9_v10_v11_v12	If "Yes", please explain.	note	2S

351	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	che	kbox
	4_v5_v6_v7_v8_v9_v10_v11_v12	last meditation session.	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
			18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_v1
352	selfreported_survey_12_complet	Section Header: Form Status	drop	odown
	е	Complete?	0	Incomplete
			1	Unverified
			2	Complete
Instr	ument: Self-Reported Survey	13 (selfreported_survey_13)		
353	min_w_tools_v2_v3_v4_v5_v6_v7_ v8_v9_v10_v11_v12_v13	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required
354	min_wo_tools_v2_v3_v4_v5_v6_v7 _v8_v9_v10_v11_v12_v13	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required
355	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7_v8_v9_v10_v11_v12_v 13	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	1	no, Required Yes No
356	technical_difficulties_v2_v3_v4_v5 _v6_v7_v8_v9_v10_v11_v12_v13	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	1	no, Required Yes No
357	technical_difficulties_2_v2_v3_v4_ v5_v6_v7_v8_v9_v10_v11_v12_v13	lf "Yes", please explain.	note	es

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358	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	che	ckbox
	4_v5_v6_v7_v8_v9_v10_v11_v12_v 13	last meditation session.	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
	13		2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			15	
			16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
359	ts13	Timestamp 13	text Field SUR	d Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
360	selfreported_survey_13_complet	Section Header: Form Status	drop	pdown
	e	Complete?	0	Incomplete
			1	Unverified
			2	Complete
Instru	ument: Self-Reported Survey	14 (selfreported_survey_14)		
361	min_w_tools_v2_v3_v4_v5_v6_v7_ v8_v9_v10_v11_v12_v13_v14	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required
362	min_wo_tools_v2_v3_v4_v5_v6_v7 _v8_v9_v10_v11_v12_v13_v14	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required
363	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7_v8_v9_v10_v11_v12_v 13_v14	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	ĺΓ	no, Required Yes No
364	technical_difficulties_v2_v3_v4_v5 _v6_v7_v8_v9_v10_v11_v12_v13_v 14	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?	Ī	no, Required Yes No
365	technical_difficulties_2_v2_v3_v4_ v5_v6_v7_v8_v9_v10_v11_v12_v13 _v14	If "Yes", please explain.	note	es

366	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	cher	ckbox
200	4_v5_v6_v7_v8_v9_v10_v11_v12_v	last meditation session.	1	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
	13_v14		2	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			3	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			4	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			5	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			6	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			7	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			8	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			9	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			10	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			11	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			12	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			13	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			14	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			15	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			16	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			17	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
			18	post_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_
367	ts14	Timestamp 14	text Field SUR	d Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
368	selfreported_survey_14_complet	Section Header: Form Status	drop	pdown
	e	Complete?	0	Incomplete
			1	Unverified
			2	Complete
Instru	ument: Self-Reported Survey	15 (selfreported_survey_15)		
369	min_w_tools_v2_v3_v4_v5_v6_v7_ v8_v9_v10_v11_v12_v13_v14_v15	In the last 48 hours, approximately how many minutes did you practice meditation using headphones and a tool for assistance?	text	(number), Required
370	min_wo_tools_v2_v3_v4_v5_v6_v7 _v8_v9_v10_v11_v12_v13_v14_v1 5	In the last 48 hours, approximately how many minutes did you practice quiet meditation, such as breath counting or mantra, without any external tools?	text	(number), Required
371	cmhs_meditation_room_v2_v3_v 4_v5_v6_v7_v8_v9_v10_v11_v12_v 13_v14_v15	In the last 48 hours, did you go to the CMHS (Counseling and Mental Health Services) meditation room to practice meditation?	1	no, Required Yes No
372	technical_difficulties_v2_v3_v4_v5 _v6_v7_v8_v9_v10_v11_v12_v13_v 14_v15	Did you experience any problems, technical difficulties, or any other issues we should be made aware of related to this study?		no, Required Yes No
373	technical_difficulties_2_v2_v3_v4_ v5_v6_v7_v8_v9_v10_v11_v12_v13 _v14_v15	If "Yes", please explain.	note	es

374	post_meditation_feeling_v2_v3_v	Check the following word(s) that best describes how you felt after your	checkbo	ox	
	4_v5_v6_v7_v8_v9_v10_v11_v12_v	last meditation session.	1 pc	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_	/ 1
	13_v14_v15		2 pc	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_	v 1
			3 pc	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	_ v1
			<u> </u>	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_	-
			5 pc	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_	∠ 1
			6 pc	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	 v1
			7 pc	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	v1
			8 pc	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	_ v1
			9 pc	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_	v1
			 	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	-
			 	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10	-
			<u>'</u>	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_	-
			l⊢⊢⊢	ost meditation feeling v2 v3 v4 v5 v6 v7 v8 v9 v10	-
			l — †	ost meditation feeling v2 v3 v4 v5 v6 v7 v8 v9 v10	-
			<u> </u>	ost meditation feeling v2 v3 v4 v5 v6 v7 v8 v9 v10	-
			<u> </u>	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_	-
				ost meditation feeling v2 v3 v4 v5 v6 v7 v8 v9 v10	-
			<u> </u>	ost_meditation_feeling_v2_v3_v4_v5_v6_v7_v8_v9_v10_	-
275	too 15	Timosekanan Calif 15	<u> </u>	33Cea.aa.a	-
375	tss_15	Timestamp Self 15	text Field Ar SURVEY	nnotation: @HIDDEN @NOW @TODAY @HIDDEN- /	
376	selfreported_survey_15_complet	Section Header: Form Status	dropdo	wn	
	e	Complete?	0 Inco	omplete	
			1 Unv	verified	
			2 Cor	mplete	
Instru	ument: Satisfaction Follow U	p (satisfaction_follow_up)			
377	follow_up_1	Section Header: After the completion of the 4-week trial, an 18-item instrument will be used to solicit participants' satisfaction with the meditation tools and suggestions for	radio, R	Required	
		improvement. The instrument was developed for this study and asks questions about	l 	ps/Weblinks	
		perceived benefits of mindfulness meditation, feedback on tools, and intentions to continue practicing in the future. Will allow for both qualitative and quantitative responses.	1 Mu	se (EEG Neurofeedback) and Apps/Weblinks	
		What tools were you assigned?			
378	follow_up_2	On average, how many minutes per week did you spend meditating?	text, Re	equired	
379	follow_up_3	Did you feel the Muse was helpful for learning how to meditate?		Required	
	Show the field ONLY if: [follow_up_1] = '1'		1 Yes 0 No	- 	
380	follow_up_4	Explain why or why not	text		
	Show the field ONLY if:		10		
	[follow_up_3] = '0' or [follow_up_ 3] = '1'				
381	follow_up_5	Would you recommend making neurofeedback devices like Muse		Required	
	Show the field ONLY if: [follow_up_1] = '1'	available to college students?	1 Yes 0 No	- 	
382	follow_up_6	Explain why or why not	text		
	Show the field ONLY if:				
	[follow_up_5] = '1' and [follow_up _5] = '0'				
383	follow_up_7	Did you feel the Apps/Websites were helpful for learning how to meditate?		Required	
			1 Yes		
			0 No		
384	follow_up_8	Explain why or why not	text		
	Show the field ONLY if: [follow_up_7] = '1' or [follow_up_ 7] = '0'				

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385	follow_up_9	What tool, app, website or technique would you recommend most to other college students looking to start a meditation practice?	text, Required
386	follow_up_10	Do you feel like your meditation practice is helping to provide you will skills to self-manage stress?	yesno, Required 1 Yes 0 No
387	follow_up_11	Explain why or why not	text
	Show the field ONLY if: [follow_up_10] = '1' or [follow_up_10] = '0'		
388	follow_up_12	Often times, people want to meditate, but they encounter obstacles. Describe any obstacles you ran into during the 4-week trial, and comment on how you addressed them.	text, Required
389	follow_up_13	Did you experience any adverse experiences from meditation, such as increased anxiety, nausea, dizziness, or other negative emotions/thoughts/physical symptoms?	yesno, Required 1 Yes 0 No
390	follow_up_14	If so, explain.	text
391	follow_up_15	Did you experience any benefits from meditation, such as improved sleep, less emotional reactivity, sense of calm, or any other mental/emotional/physical/health benefits?	yesno, Required 1 Yes 0 No
392	follow_up_16	If so, explain.	text
393	follow_up_17a	Section Header: Rate how your participation in this study (i.e., your meditation practice) altered each of the following: sleep	radio (Matrix), Required -5 -5 Strong Negative Impact (made worse) -4 -4 -3 -3 -2 -2 -1 -1 0 0 No Change 1 1 2 2, 3 3 4 4 5 5 Strong Positive Impact (improved significantly)
394	follow_up_17b	emotional reactivity	radio (Matrix), Required -5 -5 Strong Negative Impact (made worse) -4 -4 -3 -3 -2 -2 -1 -1 0 0 No Change 1 1 2 2, 3 3 4 4 5 5 Strong Positive Impact (improved significantly)

		,		
395	follow_up_17c	sense of calm/peace		o (Matrix), Required
			-5	-5 Strong Negative Impact (made worse)
			-4	-4
			-3	-3
			-2	-2
			-1	
			_	
			-	0 No Change
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			3	3
			4	4
			5	5 Strong Positive Impact (improved significantly)
			_	
396	follow_up_17d	outlook/perspective		o (Matrix), Required
			_	-5 Strong Negative Impact (made worse)
			-4	-4
			-3	-3
			-2	-2
			-1	
				0 No Change
			-	
			1	1
			2	2,
			3	3
			4	4
			5	5 Strong Positive Impact (improved significantly)
	6-11 47-	halandar.	_	o (Matrix), Required
				o (Matrix), Required
397	follow_up_17e	behavior		
397	Tollow_up_17e	benavior	-5	-5 Strong Negative Impact (made worse)
397	Tollow_up_17e	benavior	-5 -4	-5 Strong Negative Impact (made worse) -4
397	Tollow_up_17e	benavior	-5 -4 -3	-5 Strong Negative Impact (made worse) -4 -3
397	Tollow_up_17e	benavior	-5 -4 -3	-5 Strong Negative Impact (made worse) -4
397	Tollow_up_17e	benavior	-5 -4 -3	-5 Strong Negative Impact (made worse) -4 -3 -2
397	Tollow_up_17e	benavior	-5 -4 -3 -2 -1	-5 Strong Negative Impact (made worse) -4 -3 -2 -1
397	Tollow_up_17e	benavior	-5 -4 -3 -2 -1 0	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change
397	Tollow_up_17e	benavior	-5 -4 -3 -2 -1 0	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change
397	Tollow_up_17e	benavior	-5 -4 -3 -2 -1 0 1 2	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2,
397	Tollow_up_17e	benavior	-5 -4 -3 -2 -1 0 1 2	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2,
397	Tollow_up_17e	benavior	-5 -4 -3 -2 -1 0 1 2 3 4	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4
397	Tollow_up_17e	benavior	-5 -4 -3 -2 -1 0 1 2 3 4	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2,
			-5 -4 -3 -2 -1 0 1 2 3 4 5	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly)
397	follow_up_17f	physical health	-5 -4 -3 -2 -1 0 1 2 3 4 5	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required
			-5 -4 -3 -2 -1 0 1 2 3 4 5	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse)
			-5 -4 -3 -2 -1 0 1 2 3 4 5	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4
			-5 -4 -3 -2 -1 0 1 2 3 4 5 radi -5 -4 -3	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3
			-5 -4 -3 -2 -1 0 1 2 3 4 5 radi -5 -4 -3	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4
			-5 -4 -3 -2 -1 0 1 2 3 4 5 radi -5 -4 -3	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3 -2
			-5 -4 -3 -2 -1 0 1 2 3 4 5 radi -5 -4 -3 -2 -1	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3 -2
			-5 -4 -3 -2 -1 0 1 2 3 4 5 radi -5 -4 -3 -2 -1	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3 -2 -1
			-5 -4 -3 -2 -1 0 1 2 3 4 5 -5 -4 -3 -2 -1 0	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1
			-5 -4 -3 -2 -1 0 1 2 3 4 5 -5 -4 -3 -2 -1 0 1	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2,
			-5 -4 -3 -2 -1 0 1 2 3 4 5 -5 -4 -3 -2 -1 0 1 2 3	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3
			-5 -4 -3 -2 -1 0 1 2 3 4 5 -5 -4 -3 -2 -1 0 1 2 3 4 5	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 4 6
			-5 -4 -3 -2 -1 0 1 2 3 4 5 -5 -4 -3 -2 -1 0 1 2 3 4 5	-5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3 4 5 Strong Positive Impact (improved significantly) o (Matrix), Required -5 Strong Negative Impact (made worse) -4 -3 -2 -1 0 No Change 1 2, 3

399	follow_up_17g	mental health	rad	io (Matrix), Required
399	Tollow_up_17g	menta neatti		-5 Strong Negative Impact (made worse)
			_	
			-4	
			_	-3
			-2	-2
			-1	-1
			0	0 No Change
			1	1
			2	2,
			_	
			3	3
			4	4
			5	5 Strong Positive Impact (improved significantly)
400	follow_up_17h	emotional health	rad	io (Matrix), Required
			-5	-5 Strong Negative Impact (made worse)
			-4	-4
			-3	-3
			_	-2
			-	
			\vdash	-1
			0	0 No Change
			1	1
			2	2,
			3	3
			4	
			5	
			5	5 Strong Positive Impact (improved significantly)
401	follow_up_17i	overall well-being		io (Matrix), Required
			-5	-5 Strong Negative Impact (made worse)
			-4	-4
			-3	-3
			-2	-2
			-1	
			-	
			0	0 No Change
			1	1
			2	2,
			3	3
			4	4
			5	5 Strong Positive Impact (improved significantly)
402	6-11 47:	and the making to the second labour street for the second labour street	_	
402	follow_up_17j	relationships (e.g., social interactions, feelings of connection, communication)		io (Matrix), Required
		communication)		-5 Strong Negative Impact (made worse)
			-4	
			-3	-3
			-2	-2
			\vdash	-1
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		1	١٠	o criange
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			1	1
			2	2,
			2	
			2	2,
			2 3 4	2,

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403	follow_up_17k	stress	radio (Matrix), Required
			-5 -5 Strong Negative Impact (made worse)
			-4 -4
			-3 -3
			-2 -2
			-1 -1
			0 0 No Change
			1 1
			2 2,
			3 3
			4 4
			5 5 Strong Positive Impact (improved significantly)
404	follow_up_17l	other health-related behaviors (e.g., exercise, diet)	radio (Matrix), Required
			-5 -5 Strong Negative Impact (made worse)
			-4 -4
			-3 -3
			-2 -2
			-1 -1
			0 0 No Change
			1 1
			2 2,
			3 3
			4 4
			5 5 Strong Positive Impact (improved significantly)
405	follow_up_17m	risk behaviors (e.g., alcohol or drug use)	radio (Matrix), Required
			-5 -5 Strong Negative Impact (made worse)
			-4 -4
			-3 -3
			-2 -2
			-1 -1
			0 0 No Change
			1 1
			2 2,
			3 3
			4 4
			5 5 Strong Positive Impact (improved significantly)
406	follow_up_18	Please explain any specific or additional benefits	text
407	follow_up_19	Please explain any specific or additional negative reactions/effects	text
408	follow_up_20	How likely are you to continue meditating?	radio, Required
	·		0 not at all
			1 perhaps some time in the future, but not now
			2 somewhat likely
			3 very likely
			4 definitely
409	follow_up_21	Did participating in this study increase or decrease your interest in	radio, Required
		meditation?	1 Increase
			0 Decrease
410	follow_up_22	Explain	text
411	follow_up_23	Are you intersted in using the Muse more in the future?	text
Ь	<u> </u>	<u>-</u>	I

412	follow_up_24	When trying to meditate, which of the following 'tools' do you find	radio, Required
	Show the field ONLY if:	most helpful?	0 breathe
	[follow_up_1] = '1'		1 mindful awareness
			2 music
			3 guided meditation
			4 neurofeedback/ Muse
413	follow_up_25	When trying to meditate, which of the following 'tools' do you find	radio, Required
	Show the field ONLY if:	most helpful?	0 breathe
	[follow_up_1] = '0'		1 mindful awareness
			2 music
			3 guided meditation
414	follow_up_26	Rate your overall satisfaction level with the tools provided in this study	dropdown (autocomplete), Required
		to help learn and practice meditation (Rate 0-10, explain any	0 0
		suggestions for improvement for helping students learn to meditate)	1 1
			2 2
			3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10
415	follow_up_27	Explain	text, Required
416	follow_up_28	Rate your overall satisfaction level with your experience in this study (Rate 0-10, explain any suggestions for improvement in the study	dropdown (autocomplete), Required
		experience)	0 0
			1 1
			2 2
			3 3
			4 4
			5 5
			6 6
			7 7
			8 8
			9 9
			10 10
417	follow_up_29	Explain	text, Required
418	ts_end	Timestamp End	text
			Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
419	satisfaction_follow_up_complete	Section Header: Form Status	dropdown
		Complete?	0 Incomplete
			1 Unverified
			2 Complete
les et		<u> </u>	<u> </u>
	ument: DASS-21 2 (dass21_2)	I	
420	ts_dass21_v2	Timestamp DASS-21	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
			SURVEY

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421	dass_1_v2	Section Header: Please read each statement and choose the option which indicates how	rac	dio, Required			
		much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.	0	Did not apply to me at all - NEVER			
		I found it hard to wind down.	1	Applied to me to some degree, or some of the time - SOMETIMES			
			2	Applied to me a considerable degree, or a good part of the time - OFTEN			
			3	Applied to me very much, or most of the time - ALMOST ALWAYS			
422	dass_2_v2	I was aware of dryness of my mouth.	rac	dio, Required			
			0	Did not apply to me at all - NEVER			
			1	Applied to me to some degree, or some of the time - SOMETIMES			
			2	Applied to me a considerable degree, or a good part of the time - OFTEN			
			3	Applied to me very much, or most of the time - ALMOST ALWAYS			
423	dass_3_v2	I couldn't seem to experience any positive feelings at all.	rac	dio, Required			
			0	Did not apply to me at all - NEVER			
			1	Applied to me to some degree, or some of the time - SOMETIMES			
			2	Applied to me a considerable degree, or a good part of the time - OFTEN			
			3	Applied to me very much, or most of the time - ALMOST ALWAYS			
424	dass_4_v2	I experienced breathing difficulty (eg, excessively rapid breathing,	rac	dio, Required			
		breathlessness in the absence of physical exertion).	0	Did not apply to me at all - NEVER			
			1	Applied to me to some degree, or some of the time - SOMETIMES			
			2	Applied to me a considerable degree, or a good part of the time - OFTEN			
			3	Applied to me very much, or most of the time - ALMOST ALWAYS			
425	dass_5_v2	I found it difficult to work up the initiative to do things.	rac	dio, Required			
			0	Did not apply to me at all - NEVER			
			1	Applied to me to some degree, or some of the time - SOMETIMES			
			2	Applied to me a considerable degree, or a good part of the time - OFTEN			
			3	Applied to me very much, or most of the time - ALMOST ALWAYS			
426	dass_6_v2	I tended to over-react to situations.	rac	dio, Required			
			0	Did not apply to me at all - NEVER			
			1	Applied to me to some degree, or some of the time - SOMETIMES			
			2	Applied to me a considerable degree, or a good part of the time - OFTEN			
			3	Applied to me very much, or most of the time - ALMOST ALWAYS			
427	dass_7_v2	I experienced trembling (eg, in the hands).	rac	dio, Required			
				Did not apply to me at all - NEVER			
			1	Applied to me to some degree, or some of the time - SOMETIMES			
			2	Applied to me a considerable degree, or a good part of the time - OFTEN			
			3	Applied to me very much, or most of the time - ALMOST ALWAYS			

Did not apply to me at all - NEVER			L	1	·
1 Applied to me to some degree, or some of the time - SOMETHALS	428	dass_8_v2	I felt that I was using a lot of nervous energy.		I
Softmans				0	Did not apply to me at all - NEVER
the time - OFFEN 3 Applied to me way much, or most of the time - AMOST ALWAYS 1 was womed about situations in which i might panic and make a fool of myself. 1 Applied to me to some degree, or some of the time - SOMETIMES 2 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or some of the time - SOMETIMES 4 Applied to me to some degree, or some of the time - SOMETIMES 4 Applied to me to some degree, or some of the time - SOMETIMES 4 Applied to me to some degree, or some of the time - SOMETIMES 4 Applied to me to some degree, or some of the time - SOMETIMES 4 Applied to me to some degree, or some of the time - SOMETIMES 4 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of the time - OFFEN 3 Applied to me to some degree, or a good part of				1	
Authors Authors Author				2	Applied to me a considerable degree, or a good part of the time - OFTEN
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435	dass_15_v2	I felt I was close to panic.		lio, Required
			0	Did not apply to me at all - NEVER
			1	Applied to me to some degree, or some of the time - SOMETIMES
			2	Applied to me a considerable degree, or a good part of the time - OFTEN
			3	Applied to me very much, or most of the time - ALMOST ALWAYS
436	dass_16_v2	I was unable to become enthusiastic about anything.	rac	lio, Required
		, ,		Did not apply to me at all - NEVER
			1	Applied to me to some degree, or some of the time - SOMETIMES
			2	Applied to me a considerable degree, or a good part of the time - OFTEN
			3	Applied to me very much, or most of the time - ALMOST ALWAYS
437	dass_17_v2	I felt I wasn't worth much as a person.	rac	lio, Required
			0	Did not apply to me at all - NEVER
			1	Applied to me to some degree, or some of the time - SOMETIMES
			2	Applied to me a considerable degree, or a good part of the time - OFTEN
			3	Applied to me very much, or most of the time - ALMOST ALWAYS
438	dass_18_v2	I felt that I was rather touchy.	rac	lio, Required
			0	Did not apply to me at all - NEVER
			1	Applied to me to some degree, or some of the time - SOMETIMES
			2	Applied to me a considerable degree, or a good part of the time - OFTEN
			3	Applied to me very much, or most of the time - ALMOST ALWAYS
439	dass_19_v2	I was aware of the action of my heart in the absence of physical	rac	lio, Required
		exertion (eg, sense of heart rate increase, heart missing a beat).	0	Did not apply to me at all - NEVER
			1	Applied to me to some degree, or some of the time - SOMETIMES
			2	Applied to me a considerable degree, or a good part of the time - OFTEN
			3	Applied to me very much, or most of the time - ALMOST ALWAYS
440	dass_20_v2	I felt scared without any good reason.	rac	lio, Required
				Did not apply to me at all - NEVER
			1	Applied to me to some degree, or some of the time - SOMETIMES
			2	Applied to me a considerable degree, or a good part of the time - OFTEN
			3	Applied to me very much, or most of the time - ALMOST ALWAYS
441	dass_21_v2	I felt that life was meaningless.	rac	lio, Required
				Did not apply to me at all - NEVER
			1	Applied to me to some degree, or some of the time -
			2	SOMETIMES Applied to me a considerable degree, or a good part of
			3	the time - OFTEN
			L	ALMOST ALWAYS
442	dass21_2_complete	Section Header: Form Status		ppdown L
		Complete?	0	Incomplete
			1	Unverified
			2	Complete
<u> </u>			4	<u>. </u>

Instr	Instrument: RSES 2 (rses_2)						
443	ts_rses_v2	Timestamp RSES	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY				
444	rses_1_v2	Section Header: Below is a list of statements dealing with your general feelings about yourself. Select one of the options "Strongly Agree", "Agree", "Disagree", or "Strongly Disagree" for each statement. I feel that I'm a person of worth, at least on an equal plane with others.	radio, Required 1 Strongly Agree 2 Agree 3 Disagree 4 Strongly Disagree				
445	rses_2_v2	I feel that I have a number of good qualities.	radio, Required 1 Strongly Agree 2 Agree 3 Disagree 4 Strongly Disagree				
446	rses_3_v2	All in all, I am inclined to feel that I am a failure.	radio, Required 4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree				
447	rses_4_v2	I am able to do things as well as most other people.	radio, Required 1 Strongly Agree 2 Agree 3 Disagree 4 Strongly Disagree				
448	rses_5_v2	I feel I do not have much to be proud of.	radio, Required 4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree				
449	rses_6_v2	I take a positive attitude toward myself.	radio, Required 1 Strongly Agree 2 Agree 3 Disagree 4 Strongly Disagree				
450	rses_7_v2	On the whole I am satisfied with myself.	radio, Required 1 Strongly Agree 2 Agree 3 Disagree 4 Strongly Disagree				
451	rses_8_v2	I wish I could have more respect for myself.	radio, Required 4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree				
452	rses_9_v2	I certainly feel useless at times.	radio, Required 4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree				

453	rses_10_v2	At times I think I am no good at all.	radio	o, Required	1
			4 9	Strongly Agree	
			3 /	Agree	
			2 [Disagree	
			1 9	Strongly Disagree	
454	rses_2_complete	Section Header: Form Status	drop	odown	<u>'</u>
		Complete?		Incomplete	
				Unverified	
			2 (Complete	
				i	
Instru	ument: Experiences Question	naire 2 (experiences_questionnaire_2)			
455	ts_experiences_v2	Timestamp experiences	text Field SUR\	d Annotation: @HII	DDEN @NOW @TODAY @HIDDEN-
456	eq_1_v2	Section Header: Below is a list of things that people sometimes experience. Next to each item are five choices: "never", "rarely", "sometimes", "often", and "all the time". Please	radio	o, Required	
		select one of these to indicate how much you currently have experiences similar to those	l — —	Never	
		described. Please do not spend too long on each item-it is your first response that we are interested in. Please be sure to answer every item.	2 I	Rarely	
		I think about what will happen in the future.	3 5	Sometimes	
			4 (Often	
			5 /	All the time	
457	eq_2_v2	I remind myself that thoughts aren't facts.	radio	o, Required	
			1 1	Never	
			2 I	Rarely	
			3 5	Sometimes	
			4 (Often	
			5 /	All the time	
458	eq_3_v2	I am better able to accept myself as I am.	radio	o, Required	
			1 1	Never	
			2	Rarely	
			3 9	Sometimes	
			4 (Often	
			5 /	All the time	
459	eq_4_v2	I notice all sorts of little things and details in the world around me.	radio	o, Required	
		-	1 1	Never	
			2 F	Rarely	
			3 9	Sometimes	
			4 (Often	
			5 /	All the time	
460	eq_5_v2	I am kinder to myself when things go wrong.	radio	o, Required	
		, 000		Never	
			2 I	Rarely	
			3 9	Sometimes	
			4 (Often	
			5 /	All the time	
461	eq_6_v2	I can slow my thinking at times of stress.	radio	o, Required	
	·- =	, , , , , , , , , , , , , , , , , , , ,		Never	
			I 	Rarely	
				Sometimes	
			4 (Often	
			5 /	All the time	
			Щ		

3/2020		Sharp minutumess tools study NE	
462	eq_7_v2	I wonder what kind of person I really am.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
463	eq_8_v2	I am not so easily carried away by mythoughts and feelings.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
46.4		La contract de la con	
464	eq_9_v2	I notice that I don't take difficulties so personally.	radio, Required 1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
465	eq_10_v2	I can separate myself from my thoughts and feelings.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
466	eq_11_v2	I analyze why things turn out the way they do.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
467	eq_12_v2	I can take time to respond to difficulties.	radio, Required
407	eq_12_v2	real take time to respond to difficulties.	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
468	eq_13_v2	I think over and over again about what others have said to me.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
469	eq_14_v2	I can treat myself kindly.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
<u></u>	1		

470	eq_15_v2	Lean observe uppleacent feelings without being drawn into them	radio Dogwirod
470	eq_15_v2	I can observe unpleasant feelings without being drawn into them.	radio, Required 1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
471	eq_16_v2	I have the sense that I am fully aware of what is going on around me and inside me.	radio, Required
		and histocine.	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
472	eq_17_v2	I can actually see that I am not my thoughts.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
473	eq_18_v2	I am consciously aware of a sense of my body as a whole.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
474	eq_19_v2	I think about the ways in which I am different from other people.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
475	eq_20_v2	I view things from a wider perspective.	radio, Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 All the time
476	experiences_questionnaire_2_co	Section Header: Form Status	dropdown
	mplete	Complete?	0 Incomplete
			1 Unverified
			2 Complete
<u> </u>	el e Pr	Land (DCO) 2 (1)	<u> </u>
Instru		nent (PSQI) 2 (sleep_quality_assessment_psqi_2)	
477	ts_sleep_v2	Timestamp Sleep Quality	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
			SURVEY
478	psqi_1_v2	Section Header: The following questions relate to your usual sleep habits during the	text, Required
		past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.	
		During the past month, what time have you usually gone to bed?	
479	psqi_2_v2	During the past month, how long (in minutes) has it taken you to fall	text (number, Min: 0, Max: 1440), Required
		asleep each night?	
480	psqi_3_v2	During the past month, what time have you usually gotten up in the morning?	text, Required
481	psqi_4a_v2	During the past month, how many hours of actual sleep did you get at night (per night, on average)?	text, Required
482	psqi_4b_v2	During the past month, how many hours were you in bed (per night,	text, Required
		on average)?	

0/2020		Charp mindranicos todo stady 112	
483	psqi_5a_v2	Section Header: During the past month, how often have you had trouble sleeping	radio, Required
		because you Cannot get to sleep in 30 minutes	0 Not during the past month
		Cumot get to steep in 50 minutes	1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
484	psqi_5b_v2	Wake up in the middle of the night or early morning	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
485	psqi_5c_v2	Have to get up to use the bathroom	radio, Required
		That's to get up to use the sadinoon.	0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
406	: Fd - 0	County have the confortable	
486	psqi_5d_v2	Cannot breathe comfortably	radio, Required 0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
487	psqi_5e_v2	Cough or snore loudly	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
488	psqi_5f_v2	Feel too cold	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
489	psqi_5g_v2	Feel too hot	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
490	psqi_5h_v2	Have bad dreams	radio, Required
	. ,= =		0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
491	psqi_5i_v2	Have pain	radio, Required
''		The paint	0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
	. 5: 0		<u> </u>
492	psqi_5j_v2	Other reason (s)	radio, Required
			0 Not during the past month
			1 Less than once a week
			2 Once or twice a week
			3 Three or more times a week
493	psqi_5j_explain_v2	please describe, including how often you had trouble sleeping because	text, Required
	Show the field ONLY if:	of this reason (s):	
	[psqi_5j_v2] = '1' or [psqi_5j_v2] = '2' or [psqi_5j_v2] = '3'		
	- 21 [b2di=2]_45] - 2	<u> </u>	

494	psqi_6_v2 psqi_7_v2 psqi_8_v2	Section Header: During the last month, How often have you taken a medicine (prescribed or "over the counter") to help you sleep? How often have you had trouble staying awake while driving, eating meals, or engaging in social activity? How much of a problem has it been for you to keep up enthusiasm to	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week radio, Required
		get things done?	0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
497	psqi_9_v2	How would you rate your sleep quality overall?	radio, Required 0 Very good 1 Fairly good 2 Fairly bad 3 Very bad
498	sleep_quality_assessment_psqi_2 _complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instr	ument: Perceived Stress Scale	e 2 (perceived_stress_scale_2)	
499	ts_stress_v2	Timestamp Perceived stress	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
500	pss_1_v2	Section Header: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate selecting how often you felt or thought a certain way. In the last month, how often have you been upset because of something that happened unexpectedly?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
501	pss_2_v2	In the last month, how often have you felt that you were unable to control the important things in your life?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
502	pss_3_v2	In the last month, how often have you felt nervous and "stressed"?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
503	pss_4_v2	In the last month, how often have you felt confident about your ability to handle your personal problems?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often

505	pss_5_v2 pss_6_v2	In the last month, how often have you felt that things were going your way? In the last month, how often have you found that you could not cope with all the things that you had to do?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
506	pss_7_v2	In the last month, how often have you been able to control irritations in your life?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
507	pss_8_v2	In the last month, how often have you felt that you were on top of things?	radio, Required 4 Never 3 Almost Never 2 Sometimes 1 Fairly Often 0 Very Often
508	pss_9_v2	In the last month, how often have you been angered because of things that were outside of your control?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
509	pss_10_v2	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	radio, Required 0 Never 1 Almost Never 2 Sometimes 3 Fairly Often 4 Very Often
510	perceived_stress_scale_2_comple te	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instr	ument: Maia 2 (maia_2)		
511	ts_maia_v2	Timestamp MAIA	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
512	maia_1_v2	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". When I am tense I notice where the tension is located in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH

513	maia_2_v2	I notice when I am uncomfortable in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5
514	maia_3_v2	I notice where in my body I am comfortable.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
515	maia_4_v2	I notice changes in my breathing, such as whether it slows down or speeds up.	radio, Required 0 0 0 1 1 1 2 2 3 3 3 4 4 4 5 5 5 Custom alignment: RH
516	maia_5_v2	I do not notice (I ignore) physical tension or discomfort until they become more severe.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5 Custom alignment: RH
517	maia_6_v2	I distract myself from sensations of discomfort.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5
518	maia_7_v2	When I feel pain or discomfort, I try to power through it.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5 Custom alignment: RH

519	maia_8_v2	When I feel physical pain, I become upset.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5 Custom alignment: RH
520	maia_9_v2	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". I start to worry that something is wrong if I feel any discomfort.	radio, Required 5 0 4 1 3 2 2 3 1 4 0 5
521	maia_10_v2	I can notice an unpleasant body sensation without worrying about it.	Custom alignment: RH radio, Required 0 0 1 1 1 2 2 3 3 3 4 4 4 5 5 Custom alignment: RH
522	maia_11_v2	I can pay attention to my breath without being distracted by things happening around me.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
523	maia_12_v2	I can maintain awareness of my inner bodily sensations even when there is a lot going on around me.	radio, Required 0 0 1 1 1 2 2 2 3 3 4 4 4 5 5 5 Custom alignment: RH
524	maia_13_v2	When I am in conversation with someone, I can pay attention to my posture.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH

525	maia_14_v2	I can return awareness to my body if I am distracted.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
526	maia_15_v2	I can refocus my attention from thinking to sensing my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
527	maia_16_v2	I can maintain awareness of my whole body even when a part of me is in pain or discomfort.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
528	maia_17_v2	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". I am able to consciously focus on my body as a whole.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
529	maia_18_v2	I notice how my body changes when I am angry.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
530	maia_19_v2	When something is wrong in my life I can feel it in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH

531	maia_20_v2	I notice that my body feels different after a peaceful experience.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
532	maia_21_v2	I notice that my breathing becomes free and easy when I feel comfortable.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
533	maia_22_v2	I notice how my body changes when I feel happy / joyful.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
534	maia_23_v2	When I feel overwhelmed I can find a calm place inside.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
535	maia_24_v2	When I bring awareness to my body I feel a sense of calm.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
536	maia_25_v2	Section Header: Below you will find a list of statements. Please indicate how often each statement applies to you generally in daily life with 0 representing "Never" and 5 representing "Always". I can use my breath to reduce tension.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH

537	maia_26_v2	When I am caught up in thoughts, I can calm my mind by focusing on my body/breathing.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
538	maia_27_v2	I listen for information from my body about my emotional state.	radio, Required 0 0 0 1 1 1 2 2 3 3 4 4 4 5 5 5 Custom alignment: RH
539	maia_28_v2	When I am upset, I take time to explore how my body feels.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
540	maia_29_v2	I listen to my body to inform me about what to do.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH
541	maia_30_v2	I am at home in my body.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5
542	maia_31_v2	I feel my body is a safe place.	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH

543	maia_32_v2 maia_2_complete	I trust my body sensations. Section Header: Form Status	radio, Required 0 0 1 1 2 2 3 3 3 4 4 5 5 Custom alignment: RH dropdown
		Complete?	0 Incomplete 1 Unverified 2 Complete
Instr	ument: Big Five Inventory (Sh	nortened) 2 (big_five_inventory_shortened_2)	
545	ts_big5_v2_v2	Timestamp Big Five Inventory	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
546	extra_v2	Section Header: Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please select an option for each statement to indicate the extent to which you agree or disagree with that statement. I see Myself as Someone Who Is Extraverted, enthusiastic	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_1
547	critical_v2	Critical, quarrelsome	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_2
548	depend_v2	Dependable, self-disciplined	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_3
549	anxious_v2	Anxious, easily upset	radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_4

open_v2 Open to new experiences, complex radio (Matrix), Required 1 Strongly Disagree 2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree Field Annotation: big5_5	
2 Disagree 3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree	
3 Somewhat disagree 4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree	
4 Neither agree nor disagree 5 Somewhat agree 6 Agree 7 Strongly Agree	
5 Somewhat agree 6 Agree 7 Strongly Agree	
6 Agree 7 Strongly Agree	
7 Strongly Agree	
Field Apparation; high F	
Field Affilotation, bigg_5	
551 intrav_v2 Reserved, quiet radio (Matrix), Required	
1 Strongly Disagree	
2 Disagree	
3 Somewhat disagree	
4 Neither agree nor disagree	
5 Somewhat agree	
6 Agree	
7 Strongly Agree	
Field Annotation: big5_6	
552 sympath_v2 Sympathetic, warm radio (Matrix), Required	
1 Strongly Disagree	
2 Disagree	
3 Somewhat disagree	
4 Neither agree nor disagree	
5 Somewhat agree	
6 Agree	
7 Strongly Agree	
Field Annotation: big5_7	
553 disorg_v2 Disorganized, careless radio (Matrix), Required	
1 Strongly Disagree	
2 Disagree	
3 Somewhat disagree	
4 Neither agree nor disagree	
5 Somewhat agree	
6 Agree	
7 Strongly Agree	
Field Annotation: big5_8	
554 calm_v2 Calm, emotionally stable radio (Matrix), Required	
1 Strongly Disagree	
2 Disagree	
3 Somewhat disagree	
4 Neither agree nor disagree	
5 Somewhat agree	
6 Agree	
7 Strongly Agree	

10/2020		Charp mindranicos todo stady 112	- 1
555	conventional_v2	Conventional, uncreative	radio (Matrix), Required
			1 Strongly Disagree
			2 Disagree
			3 Somewhat disagree
			4 Neither agree nor disagree
			5 Somewhat agree
			6 Agree
			7 Strongly Agree
556	big_five_inventory_shortened_2_	Section Header: Form Status	Field Annotation: big5_10 dropdown
	complete	Complete?	0 Incomplete
			1 Unverified
			2 Complete
			2 complete
	1	ss Questionnaire 2 (five_facet_mindfulness_questionnaire_2)	1
557	ts_five_facet_v2	Timestamp Five Facet	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
558	ffmq_1_v2	Section Header: Please rate each of the following statements with the choice that best	radio (Matrix), Required
		describes your own opinion of what is generally true for you. When I'm walking, I deliberately notice the sensations of my body	1 Never or very rarely true
		moving.	2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
559	ffmq_19_v2	When I have distressing thoughts or images, I "step back" and am	radio (Matrix), Required
339	11111q_19_v2	aware of the thought or image without getting taken over by it.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
560	ffmq_20_v2	I pay attention to sounds, such as clocks ticking, birds chirping, or cars	radio (Matrix), Required
		passing.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
561	ffmq_21_v2	In difficult situations, I can pause without immediately reacting.	radio (Matrix), Required
			1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
562	ffmq_24_v2	When I have distressing thoughts or images, I feel calm soon after.	radio (Matrix), Required
302	, , , , , , , , , , , , , , , , , , ,	men mave alsa essing alloughts of images, freet call is soon after.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
1			
			4 Often true
			5 Very often or always true
563	ffmq_26_v2	I notice the smells and aromas of things.	radio (Matrix), Required
			1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
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564	ffmq_29_v2	When I have distressing thoughts or images I am able just to notice	radio (Matrix), Required
		them without reacting.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
565	ffmq_31_v2	I notice visual elements in art or nature, such as colors, shapes,	radio (Matrix), Required
		textures, or patterns of light and shadow.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
566	ffmq_33_v2	When I have distressing thoughts or images, I just notice them and let	radio (Matrix), Required
	, <u> </u>	them go.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
567	ffmq_36_v2	I pay attention to how my emotions affect my thoughts and behavior.	radio (Matrix), Required
307	11111q_30_v2	pay attention to now my emotions affect my thoughts and behavior.	1 Never or very rarely true
			2 Rarely true
			3 Sometimes true
			4 Often true
			5 Very often or always true
568	five_facet_mindfulness_question naire_2_complete	Section Header: Form Status Complete?	dropdown
	ndire_z_complete	Complete:	0 Incomplete
			1 Unverified
			2 Complete
Instr	ument: Self-Regulation of Eat	cing 2 (selfregulation_of_eating_2)	
569	ts_eating_regulation_v2	Timestamp self-regulation of eating	text
			Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
570	srebq_1_v2	List up to three food types you find tempting (that is, do you want to	text, Required
		eat more of them than you think you should?). If none, say 'none'.	
571	srebq_2_v2	Do you intend NOT to eat too much of the foods you find tempting in	yesno, Required
		the previous question?	1 Yes
			0 No
572	srebq_3_v2	Do you intend to have a healthy diet?	yesno, Required
			1 Yes
			0 No
573	srebq_4_v2	Please read the following statements and tick the boxes most	descriptive
	Show the field ONLY if:	appropriate to you. For the next few questions, please understand that: - 'Tempting foods' are any food you want to eat more of than you	
	[srebq_2_v2] = '1' and [srebq_3_v	think you should 'Eating intentions' refer to the way you are aiming to	
	2] = '1'	eat; for example you may intend to avoid tempting foods or eat healthy foods.	
574	srebq_4a_v2	I give up too easily on my eating intentions.	radio, Required
3/4	Show the field ONLY if:	There are two casing on my eating intentions.	5 Never
	[srebq_2_v2] = '1' and [srebq_3_v		4 Rarely
	2] = '1'		3 Sometimes
			2 Often
			1 Always
			I Aiways

575	srebq_4b_v2	I'm good at resisting tempting food.	radio, Required
	Show the field ONLY if:		1 Never
	[srebq_2_v2] = '1' and [srebq_3_v		2 Rarely
	2] = '1'		3 Sometimes
			4 Often
			5 Always
576	srebq_4c_v2	I easily get distracted from the way I intend to eat.	radio, Required
	Show the field ONLY if:		5 Never
	[srebq_3_v2] = '1' and [srebq_2_v		4 Rarely
	2] = '1'		3 Sometimes
			2 Often
			1 Always
577	srebq_4d_v2	If I am not eating in the way I intend to I make changes.	radio, Required
	Show the field ONLY if:		1 Never
	[srebq_2_v2] = '1' and [srebq_3_v		2 Rarely
	2] = '1'		3 Sometimes
			4 Often
			5 Always
578	srebq_4e_v2	I find it hard to remember what I have eaten throughout the day.	radio, Required
370	Show the field ONLY if:	Third tendra to remember what thave eaten all oughout the day.	5 Never
	[srebq_2_v2] = '1' and [srebq_3_v		4 Rarely
	2] = '1'		3 Sometimes
			2 Often
			1 Always
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
F70	colfucional action 2 commi	Saction Hander: Form Status	due e de cue
579	selfregulation_of_eating_2_complete		dropdown
579	,	Section Header: Form Status Complete?	0 Incomplete
579	,		0 Incomplete 1 Unverified
	ete	Complete?	0 Incomplete
	ete		0 Incomplete 1 Unverified
	ete	Complete?	0 Incomplete 1 Unverified 2 Complete text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
Instri 580	ument: Emotion Regulation C ts_erq_v2	Complete? Questionnaire (ERQ) 2 (emotion_regulation_questionnaire_erq_2) Timestamp Emotion Regulation	0 Incomplete 1 Unverified 2 Complete text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY
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580 581	ete ument: Emotion Regulation C ts_erq_v2 erq_1_v2	Questionnaire (ERQ) 2 (emotion_regulation_questionnaire_erq_2) Timestamp Emotion Regulation Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-SURVEY radio (Matrix), Required 1 1 Strongly Disagree 2 2 3 3 4 4 Neutral 5 5 6 6 7 7 Strongly Agree radio (Matrix), Required 1 1 Strongly Agree
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583	erq_3_v2	When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	radio (Matrix), Required 1 1 Strongly Disagree
			2 2
			3 3
			4 4 Neutral
			5 5
			6 6
			7 7 Strongly Agree
584	erq_4_v2	When I am feeling positive emotions, I am careful not to express them.	radio (Matrix), Required
	,		1 1 Strongly Disagree
			2 2
			3 3
			4 4 Neutral
			5 5
			6 6
			7 7 Strongly Agree
585	erq_5_v2	When I'm faced with a stressful situation, I make myself think about it	radio (Matrix), Required
		in a way that helps me stay calm.	1 1 Strongly Disagree
			2 2
			3 3
			4 4 Neutral
			5 5
			6 6
			7 7 Strongly Agree
586	erq_6_v2	I control my emotions by not expressing them.	radio (Matrix), Required
			1 1 Strongly Disagree
			2 2
			3 3
			4 4 Neutral
			5 5
			6 6
			7 7 Strongly Agree
	7.0		
587	erq_7_v2	When I want to feel more positive emotion, I change the way I'm thinking about the situation.	radio (Matrix), Required
1		3	1 1 Strongly Disagree
			2 2
1			3 3
			4 4 Neutral
1			5 5
			6 6
			7 7 Strongly Agree
588	erq_8_v2	I control my emotions by changing the way I think about the situation	radio (Matrix), Required
		I'm in.	1 1 Strongly Disagree
			2 2
			3 3
1			4 4 Neutral
			5 5
1			6 6
			7 7 Strongly Agree
	l	1	

by S89 erq_9_v2 When I am feeling negative emotions, I make sure not to express them.	
	ress radio (Matrix), Required 1 1 Strongly Disagree
	97 0
	2 2
	3 3
	4 4 Neutral
	5 5
	6 6
	7 7 Strongly Agree
590 erq_10_v2 When I want to feel less negative emotion, I change the way I'	l'm radio (Matrix), Required
thinking about the situation.	1 1 Strongly Disagree
	2 2
	3 3
	4 4 Neutral
	5 5
	6 6
	7 7 Strongly Agree
591 emotion_regulation_questionnair Section Header: Form Status	dropdown
e_erq_2_complete Complete?	0 Incomplete
	1 Unverified
	2 Complete
Instrument: CD-RISC 2 (cdrisc_2)	
592 ts_cd_risc_v2 Timestamp CD-RISC	text
	Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN-
	SURVEY
593 cdrisc_1_v2 Section Header: For each item, please mark the option that best indicates him you agree with the following statements as they apply to you over the last marks.	onth If a
particular situation has not occurred recently, answer according to how you	
would have felt.	1 Rarely true
I am able to adapt when changes occur.	2 Sometimes true
	3 Often true
	4 True nearly all the time
594 cdrisc_2_v2 I have at least one close and secure relationship that helps m am stressed.	
an stressed.	0 Not true at all
	1 Rarely true
	2 Sometimes true
	3 Often true
	4 True nearly all the time
1 1	
FOS1	es rate or - Fradio Reduired
595 cdrisc_3_v2 When there are no clear solutions to my problems, sometime	
595 cdrisc_3_v2 When there are no clear solutions to my problems, sometime God can help.	0 Not true at all
	0 Not true at all
	0 Not true at all 1 Rarely true
	0 Not true at all1 Rarely true2 Sometimes true3 Often true
God can help.	 Not true at all Rarely true Sometimes true Often true True nearly all the time
	0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time radio, Required
God can help.	0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time radio, Required 0 Not true at all
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God can help.	0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time radio, Required 0 Not true at all
God can help.	0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time radio, Required 0 Not true at all 1 Rarely true
God can help.	0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true

Post successes give me confidence in dealing with new challenges and difficulties. Description of the problems of difficulties. Description of the problems of the problems of the problems. It is a problems of the problems of the problems. It is a problems of the problems of the problems. It is a problems of the problems of the problems. It is a problems of the problems of the problems of the problems. Description of the problems of the problems of the problems of the problems. Description of the problems of the problems of the problems of the problems. Description of the problems of the problems of the problems. Description of the problems of the problems of the problems of the problems. Description of the problems o	3/2020		Sharp minulumess tools study NE	v-r
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Control of the cont				3 Often true
problems. Description Des				4 True nearly all the time
problems. Problems 598	cdrisc 6 v2	I try to see the humorous side of things when I am faced with	radio, Required	
2 Sometimes true 3 Often true 4 True nearly all the time 2 Sometimes true 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 3 Often true 4 True nearly all the time 4 True nearly all the time 4 True nearly all the time 5 Often true 5 Often true 5 Often true 5 Often true 6 Often true 6 Often true 7				
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A True nearly all the time				2 Sometimes true
Family Served Having to cope with stress can make me stronger. Family Served Parent				3 Often true
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2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time 1 Rarely true 1				
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2 Sometimes true				
3 Often true				
4 True nearly all the time				4 Irue nearly all the time

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605	cdrisc_13_v2	During times of stress/crisis, I know where to turn for help.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true	
			3 Often true 4 True nearly all the time	
606	cdrisc_14_v2	Under pressure, I stay focused and think clearly.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true	
607	cdrisc_15_v2	I prefer to take the lead in solving problems rather than letting others make all the decisions.	radio, Required Not true at all Rarely true Sometimes true Often true True nearly all the time	
608	cdrisc_16_v2	I am not easily discouraged by failure.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time	
609	cdrisc_17_v2	I think of myself as a strong person when dealing with life's challenges and difficulties.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time	
610	cdrisc_18_v2	I can make unpopular or difficult decisions that affect other people, if it is necessary.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time	
611	cdrisc_19_v2	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time	
612	cdrisc_20_v2	In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time	

613	cdrisc_21_v2	I have a strong sense of purpose in life.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
614	cdrisc_22_v2	I feel in control of my life.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
615	cdrisc_23_v2	I like challenges.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
616	cdrisc_24_v2	I work to attain my goals no matter what roadblocks I encounter along the way.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
617	cdrisc_25_v2	I take pride in my achievements.	radio, Required 0 Not true at all 1 Rarely true 2 Sometimes true 3 Often true 4 True nearly all the time
618	cdrisc_2_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instr	ument: 1 month follow-up (n	nonth_followup)	
619	follow_ts1	timestamp	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
620	question1	Which of the following statements best describes your meditation practice in the last month?	dropdown, Required 1 I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more) 2 I meditated a few times this past month (1-3 times total) 3 I want to continue meditating, but haven't been able to practice at all this past month 4 I do not plan to continue meditating at this point in time
621	question2	If you are continuing to meditate, or at least intend to, what is your preferred method?	dropdown, Required 1 Seated meditation, using breathing or mantra 2 Guided meditation, using an app or weblink 3 I do not plan to continue meditating at this point 4 Other
622	other1	If "other", please explain.	notes

623	month_followup_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified
	C manth fallow vin /		2 Complete
Instri	ument: 6 month follow-up (n	nonth_followup_9a2a) T	
624	follow_ts2	Timestamp	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
625	question1v1	Which of the following statements best describes your meditation	dropdown, Required
		practice in the last month?	I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more)
			2 I meditated a few times this past month (1-3 times total)
			3 I want to continue meditating, but haven't been able to practice at all this past month
			4 I do not plan to continue meditating at this point in time
626	question2v1	If you are continuing to meditate, or at least intend to, what is your	dropdown, Required
		preferred method?	1 Seated meditation, using breathing or mantra
			2 Guided meditation, using an app or weblink
			3 I do not plan to continue meditating at this point
			4 Other
627	other1v1	If "other", please explain.	notes
628	month_followup_9a2a_complete	Section Header: Form Status	dropdown
020	onan_ronomap_sa_a_a_comprete	Complete?	0 Incomplete
			1 Unverified
			2 Complete
Instr	l ument: 12 month follow-up	I (month_followup_6e84)	
629	follow_ts3	Timestamp	text Field Annotation: @HIDDEN @NOW @TODAY @HIDDEN- SURVEY
630	question1v1_v1	Which of the following statements best describes your meditation	dropdown, Required
		practice in the last month?	1 I meditated several times this past month (on 4 or more occasions, or at least 1x per week or more)
			2 I meditated a few times this past month (1-3 times total)
			3 I want to continue meditating, but haven't been able to practice at all this past month
			4 I do not plan to continue meditating at this point in time
631	question2v1_v1	If you are continuing to meditate, or at least intend to, what is your	dropdown, Required
		preferred method?	1 Seated meditation, using breathing or mantra
			2 Guided meditation, using an app or weblink
			3 I do not plan to continue meditating at this point
			4 Other
632	other1v1_v1	If "other", please explain.	notes
633	month_followup_6e84_complete	Section Header: Form Status	dropdown
	.=	Complete?	0 Incomplete
			1 Unverified
			2 Complete