Mind-body Practice in Undergraduates:

User involvement in undergraduate mental healthcare setting

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"You should sit in meditation for 20 minutes every day —

unless you're too busy; then you should sit for an hour."

—old Zen adage

ABSTRACT

Mental health issues, particularly anxiety and depression, have risen nationally in frequency and severity among college students. The Vanderbilt University Psychological & Counseling Center (PCC) has also experienced this phenomenon. As a result, wait times for therapist appointments are often several weeks. In response to these trends, the PCC dedicated a room within its building to Mind-Body Practices (MBPs) called the Mind-Body Lab (MBL). The room, despite a significant national rise in MBPs, a surge in research indicating the therapeutic and preventative effectiveness of MBPs, and its availability to all undergraduates, is under-booked and infrequently used. This study investigated potential explanations for this occurrence through surveys of the student body and MBL users as well as Vanderbilt student interest in MBPs. Female respondents engaged in more MBPs than male respondents. Additionally, stigma and demographic background may play a role in underuse of the MBL. Overwhelmingly, Vanderbilt students desire university support for MBPs.

BACKGROUND

Research Purpose

In 2011, Vanderbilt University developed a Mind-Body Lab (MBL) within its Psychological & Counseling Center (PCC), among the first few universities to dedicate a space to Mind-Body Practice (MBPs) for student mental health. The space was created due to national and university trends indicating increases in anxiety and depressive disorders, as well as increases in

MBPs for mental health symptom alleviation. The purpose of this study is to provide detailed insight into user experience in the MBL through survey of users of the space. Additionally, the research seeks to elucidate the scope and nature of student engagement in various common MBPs for potential application towards university support. Thus, these data not only are useful in the design of the MBL, they also have practical applicability in the Office of Wellness' upcoming expansion, which will include the creation of a Mind-Body Center. They are being used to help shape plans for this space.

Mental Health: National and university trends

The burden of mental health morbidity for a large portion of the United States population has not diminished despite the burgeoning of medications meant to treat mental health issues over the past several decades. The Center for Disease Control (CDC) reports that anxiety and depression are still, just as in 1990, among the top diseases contributing to disability-adjusted life years, but as of 2010 various other mental and behavioral disorders had also broached the top fifteen (US Burden of Disease Collaborators, 2013). This issue is particularly salient on university campuses, as undergraduate years are often a tumultuous time with potentially rapid change in environment, stress level, and lifestyle. Studies show that mental health issues among students in institutions of higher education are increasing (Eisenberg, 2007).

In a national survey of 275 college counseling centers, 86% of directors report a steady increase in the number of students arriving on campus that are already on psychiatric medication (Gallagher, 2014). The same survey found that 94% of directors report a trend towards greater numbers of students with severe psychological problems, with 89% noticing an

increase in Anxiety Disorders and 58% in Clinical Depression over the past five years. In fact, among college students specifically, self-harm and suicidal ideation has steadily increased (Center for Collegiate Mental Health, 2015). In another survey, The Center for Collegiate Mental Health (CCMH) utilized data from over 140 college and university counseling centers, encompassing over 101,000 college students. Among self-reported and counselor-reported data, anxiety, depression, and stress were the most commonly indicated mental health concerns.

Specifically at Vanderbilt University, from 2013 to 2014, the Psychological & Counseling Center (PCC) saw a 4% increase in total number of students receiving services and a 20% increase in number of first-time clients (Halom, 2015). The PCC further reports that students seeking triage and crisis services increased 16%, and in congruence with the CCMH report, Vanderbilt students report anxiety most frequently, followed by depression. A part of this is explained by an increase in Vanderbilt students with a history mental illness, oftentimes due to changing demographic and improvements in mental health support that allow afflicted students to attend university. However, increased stress and neural changes in adolescence can also be a major trigger for mental illness (Ganzel, et. al., 2013). The confluence of environmental adjustment, academic stress, commencement of alcohol intake, pressure of employment seeking, and biological changes contextualize the complex mental-health needs of college students (Patel, et. al., 2007). Imaginably, these pressures are a great consideration at a rigorous academic institution such as Vanderbilt, where social, physical, and extracurricular expectations are also very high. Yet, the influx of Vanderbilt students seeking care has led to a

wait-time of several weeks for therapy appointments, leaving many undergraduates frustrated and untreated for these spans of time (Hughes, 2014).

The Rise of Mind-Body Practices

Both individuals and therapy providers are turning to mindfulness-based or mind-body practices (MBPs) as promising alternatives, supplements, and preventative measures to existing treatment practices (Hoenders, 2011). MBPs have extensive application in the client-therapist setting via the biofeedback process, which can occur "within the therapist, between therapist and client, within the client, between the therapist and the biofeedback signals, between the client and [their] own biofeedback signals, [and] between the client and [their] somatic changes underlying the biofeedback data—including sensations, emotions, and the ever-fluctuating Self-image" (Gilbert, 2015). The trend towards MBPs is also visible and shown to be effective on college campuses (Ratanasiripong, et. al, 2012; Henriques, et. al, 2011). In one study published in the *Journal of American College Health,* even brief mind/body intervention led to significant reductions in psychological distress, anxiety, and perceived stress, showing utility of MBP as a viable preventive intervention for college students (Deckro, 2002).

In response to a clear need for increased support for Vanderbilt students, the Vanderbilt PCC dedicated a room to MBP called the Mind-Body Lab (MBL) in 2013. The room, booked infrequently and deficient in services for commonly practiced MBPs, is "in need of help," according to PCC Director Dr. Cathy Fuchs. Neither clients of the PCC nor potential users of the space (i.e. the student body) were consulted when developing the MBL, which strives to incorporate principles of biofeedback and mindfulness to alleviate stress and anxiety (PCC,

2015). The MBL is also intended to be a calm, safe space for those students facing immediate emotional distress but who may not be able to see a therapist right away.

However, based on national data on MBPs, it seems that the severe underuse of the MBL is not attributable to a lack of interest in these practices. Between 2000 and 2007 in the United States, though overall use of Complementary and Alternative Medicine (CAM) remained at roughly 40% of respondents, according to the large-scale, representative National Statistics Reports by the CDC, engagement specifically in MBPs including yoga, meditation, and breathing exercises increased significantly (Barnes, et. al., 2008). A more recent report states that adults nationwide participating in yoga increased from 5.1% in 2002 to 9.5% in 2012 (Clarke, et. al., 2015). In 2012, the same study found that 8.0% of adults in the U.S. meditated, but it is difficult to develop longitudinal comparisons because the definition of meditation given to survey-takers was modified over time. Furthermore, mind-body research has seen a marked increase over the past few decades (Brower, 2006).

Overview of developments in MBP research

In 1974, researcher Herbert Benson conducted a landmark study in which he found that meditation triggers the “Relaxation Response” (a phrase he coined). The Relaxation Response is characterized by reduced sympathetic nervous system responsivity, or, in other words, the opposite of the stress or “fight or flight” physiological characteristics. Benson and his colleagues found Mindfulness-Based Stress Reduction (MBSR) to induce this feeling of calm, increase ability to sleep and digest, and decrease heart rate and blood pressure. Recent research additionally finds that MBSR alters brain composition by increasing grey matter in various parts of the brain, including the amygdala (involved in fear and anxiety response), hippocampus

(learning and memory), and regions involved in "emotional regulation, and perspective taking" (Hölzel et. al., 2011). While the exact neural correlates for anxiety reduction are still being researched, studies show that MBSR activates the anterior cingulate cortex, among other regions, resulting in decreased self-referential thoughts, and ultimately reducing anxiety (Zeidan, et. al., 2013).

A multitude of recent research also evinces the effectiveness of yoga, a 3,000 year old MBP. A review of many studies on yoga found that overall, "yogic practices enhance muscular strength and body flexibility, promote and improve respiratory and cardiovascular function, promote recovery from and treatment of addiction, reduce stress, anxiety, depression, and chronic pain, improve sleep patterns, and enhance overall well-being and quality of life" (Woodyard, 2011). Specifically in college students, yoga has been linked to stress reduction and improved academic performance (Kauts, 2009), and the significantly positive effects of yoga on academics, stress reduction, and even surgery performance have been corroborated by studies in students from the high school through graduate school levels (Butzer, 2015; Shankarapillai, 2012).

While these discoveries are recent, patient desire for CAM and MBPs in the treatment environment has been apparent for over two decades. As early as the 1990s, studies in the Western world reveal a gap between patient demands for CAM and access to them in their "standard" healthcare environment, with one particular study finding that 70% of patients wished that their general practitioner practiced CAM more frequently (Himmel, et. al., 1993). This gap exists in spite of a generally more favorable outlook towards MBPs from the practitioner's perspective (Barnes, et. al. 1999).

One explanation for this difference is physicians' self-described lack of knowledge about MBPs and overwhelming desire for more education in this arena. A survey to a random sample of California physicians revealed that 61% of physicians did not feel sufficiently knowledgeable about CAM safety or efficacy to use it in their practice, and an overwhelming 81% sought more education on CAM modalities (Milden, 2004). Another explanation, however, is that the quick-paced, hierarchical nature of healthcare contributes to treatment design that does not necessarily align with patient desires, or, as in the case of the MBL, clients and potential clients were simply not asked their preferences.

Client-Therapist Collaboration in Treatment

Pilot programs have revealed that thoughtful design betters patient experience and staff performance in clinical settings (Gustavsson, 2014). Existing literature investigates these outcomes in larger medical environments and must take efficiency and large equipment into consideration, as well as adhere to highly quantifiable standards of service that may not necessarily prioritize patient's perspective (Tohidi & Jabbari, 2012). Contrastingly, optimizing user experience through user-centered design via observational and feedback processes is at the core of many marketing strategies (Kelley, 2001), and has the potential for high social impact when used in intimate healthcare environments. Such integration of user and provider input for service improvement is termed Experience-Based Co-Design (EBCD), and has most notably been applied to numerous healthcare facilities in the UK (Greenhalgh, 2011). Because of the user-oriented nature of the MBL (there is no practitioner present and the user is at liberty to partake in any of the resources provided in the space), it provides a unique

opportunity to innovatively apply principles of EBCD to a university mental healthcare setting if supplied information appropriate information from undergraduate students.

METHODS

In collaboration with the staff of the PCC, two separate digital surveys were constructed: one for the undergraduate student body, and the other solely for users of the MBL, entitled "Mind-Body Practice on Campus" (MPBC) and "Mind-Body Lab User Survey (MBLUS)" respectively. Both surveys were created using Baseline (Campus Labs, NY, USA), distributed via e-mail, and kept open for two weeks with a reminder e-mail at the one-week mark. Recruitment to the study was solely through these e-mails. Attention was given to inclusive survey practice and all procedures, surveys, and correspondences with participants were approved by the Vanderbilt University Institutional Review Board (IRB).

Preliminary Survey & Quality of Life Survey

Prior to the creation of these two surveys, the PCC had placed a voluntary, uncompensated survey in the MBL for users to fill out, referred to hereafter as Preliminary Survey (PS). PS was a paper-and pencil survey available for MBL users to take after using the space. It was available from Spring 2014 to Fall 2015. No demographic information was requested on these feedback forms. Additionally, during the process of approving MBPC, the Dean of Students' Office provided us the opportunity to develop questions for their annual Quality of Life Survey (QOLS), which is typically the most highly-responded-to survey sent by Vanderbilt, and provides deep insight into student attitudes towards various departments, facilities, and resources on campus. The Wellness Section questions of the QOLS were

developed alongside the Director of Wellness Programs & Alcohol Education in the Office of the Dean of Students at Vanderbilt University.

Mind-Body Practice on Campus Survey

Recruitment & Participants: MBPC was sent to the entire Vanderbilt Undergraduate student body through the Vanderbilt Student Government (VSG) listserv in accordance with university policy on survey distribution after consulting with the Office of the Dean of Students. MBPC was active for two weeks, with a follow-up e-mail sent out by VSG at the one-week mark, per recommendation of the Office of the Dean of Students. The survey was completely anonymous and required neither Participant ID Numbers nor documented consent forms, as it did not involve procedures that typically require written consent, presented no more than minimal risk, and was completely voluntary. Those who completed the survey were entered in a drawing for a $100 Amazon gift card.

Overview: MBPC was designed to assess the type and frequency with which undergraduates engage in MBPs. It was also intended to understand the demand for university support in this field, and was intentionally kept succinct (under five minutes for completion) in order to engage a large portion of the student body. The survey itself defined MBPs as "those that explore the interactions among the brain, mind, body, and behavior, usually for a mental or physical health outcome. They are often used for stress/anxiety reduction"(NIH, 2013).

MBPC asked a range of basic demographic questions and listed a variety of common MBPs, determined in conjunction with practitioners at the PCC based on experience, research, and availability at the PCC, for students to select the frequency with which they engage in each type. The MBPs included were Yoga, Meditation, Tai chi, Qigong, Visualization/Guided Imagery,

Mindful Eating, Biofeedback, and Breathing Exercises. Frequency was given on a scale easily converted to a Likert scale suggested by the survey design support staff at Campus Labs/Baseline. MBPC also provided space for students to fill in up to three other MBPs they were currently engaging in, and select MBPs for which they would most prefer campus support. Finally, respondents were given space to leave any other questions, comments, or concerns.

Mind-Body Lab User Survey

Recruitment & Participants: Beginning

Undergraduates who used the PCC's MBL from August 2015-mid-February 2016 were assigned Participant ID Numbers, and were contacted via secure e-mail to take the compensated, in-depth survey MBLUS about their experience using the MBL. As use of the MBL is protected information, therapy provider and Faculty Adviser Dr. Adriana Kipper-Smith sent out this e-mail to ensure that all confidentiality was preserved. The email contained the assigned Participant ID Number, a brief description of the study, and an attached consent form. If the MBL user agreed to participate, they were to sign the consent form with the provided Participant ID Number. Once the signed consent form was received, the user received a follow-up email from Dr. Kipper-Smith with the survey link and a reminder of their Participant ID Number. MBL users were compensated $10 for survey completion. This money was made available for pick-up in envelopes labeled with Participant ID Number at the PCC front desk.

Overview: This survey probed users' incentives for engaging with the space in the first place. It sought to gain insight into the aesthetic and functional aspects of the MBL, as well as overall effectiveness. It also requested information about which tools were used during the appointment and their ease of use. The survey contained open-ended questions such as reason

for re-booking or not re-booking the MBL and additional space for questions, comments and concerns. Importantly, MBLUS also sought information regarding the location of the MBL within the PCC and on campus to assess whether and why respondents may or may not be inclined to use a similar space (such as at the in-construction Wellness center) that is more centrally located.

All surveys are available in the Appendix. They are also summarized below for ease of reference.

RESULTS

Table 1. *Description of surveys conducted*

	Target population	Distribution	Number of respondents
Mind-Body Practice on Campus (MBPC)	Vanderbilt undergraduate student body	E-mail through Vanderbilt Student Government, voluntary	N=1,125
Quality of Life Survey (QOLS)	Vanderbilt undergraduate student body	E-mail via Office of the Dean of Students, voluntary	1469 ≤ N ≥ 1482
Preliminary Survey (PS)	Mind-Body Lab users from Spring 2014-Fall 2015	Paper and pencil, in Mind-Body Lab	N=19
Mind-Body Lab User Survey (MBLUS)	Mind-Body Lab users from Fall 2015-February 2016	E-mail from PCC, voluntary, compensated	N= 7

MIND-BODY PRACTICE ON CAMPUS SURVEY DATA & DISCUSSION

1,125 undergraduate students, or 16.34% of the undergraduate student body completed the MPBPC (another 117 filled out the demographic information, but then exited the survey). This response rate, according to the Office of the Dean of Students, is much higher

than typical surveys, even including many of those with incentives greater than $100 Amazon gift cards. This response rate alone could potentially indicate high student interest in MBPs. 94 respondents, or 8.4% left serious end comments describing their point of view on the issue of MBPs on campus, a rate also higher than expected. For the purposes of data analysis, only complete surveys were considered (n=1125).

Compared to the Vanderbilt student body, females were overrepresented in MBPC (62% of survey respondents versus 49% of the student body). Asians were also overrepresented, while Hispanic/Latino students were underrepresented. Percentages for White and Black students were very close to those of the student body. All demographic information was obtained from the public Vanderbilt University Office of Admissions' Enrollment Profile webpage.

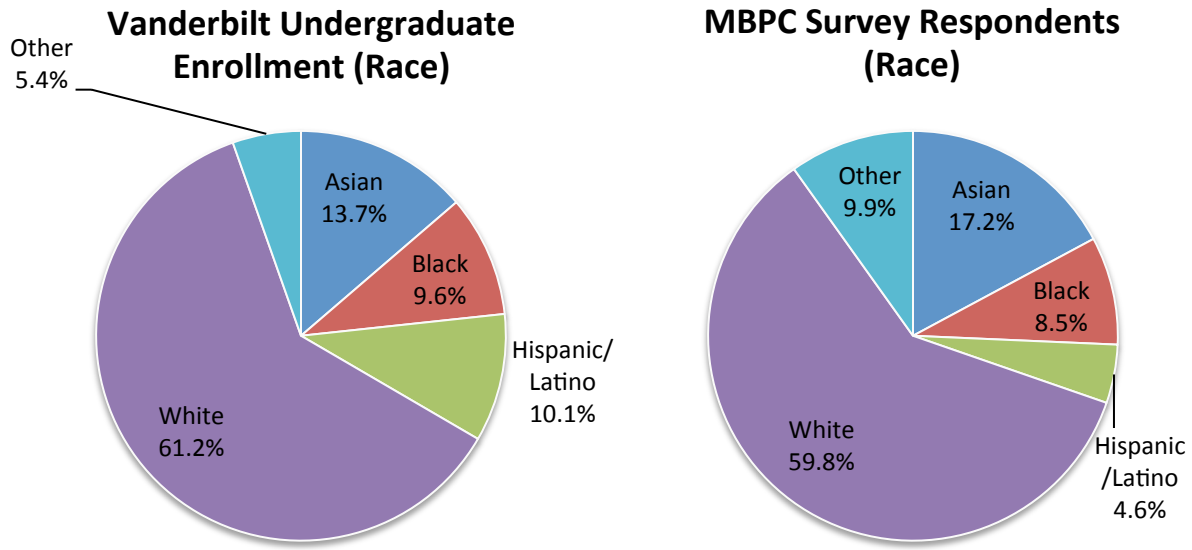

Figure 1 (left). Vanderbilt Undergraduate Enrollment by Race. Racial breakdown of the Vanderbilt student body as of Fall 2015.

Figure 2 (right). MBPC Survey Respondents by Race. Racial breakdown of MBPC survey respondents by race.

The higher level of female respondents may be a result of higher female engagement in MBPs, which was also the case in MBPC (Clarke, et. al., 2015). Additionally, an over-representation of Asian respondents compared to the Vanderbilt student body could be a result of the Eastern origin of many of these practices, potentially providing Asian students with greater baseline awareness of MBPs and making them more likely to take the survey.

MBPC Data by Gender: Frequency of MBP Engagement

The average frequencies and average MBPs per person were calculated in the following demographic groups: Woman, Man, Asian, Black, Hispanic/Latino, White, and Other Race (where Other Race included respondents indicating other, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, two or more races, race/ethnicity unknown, and prefer not to respond). Those listing another gender category were not considered in data analysis because of the very small number of respondents (n=23) in this group, many of which were filled in as answers likely made in jest (for example, “attack helicopter”). Frequency was calculated using the following Likert-scale:

Table 1. *Likert-scale used for frequency of MBP engagement.*

Likert-scale	Frequency denoted
5	≥ 3 times per week
4	1-2 times per week
3	every other week
2	about once a month
1	< once a month
0	never

The frequency of each MBP was averaged, and the average frequency of all MBPs combined was also calculated. A two-tailed t-test was used to determine statistical significance. The statistical analysis was conducted using a 95% confidence interval.

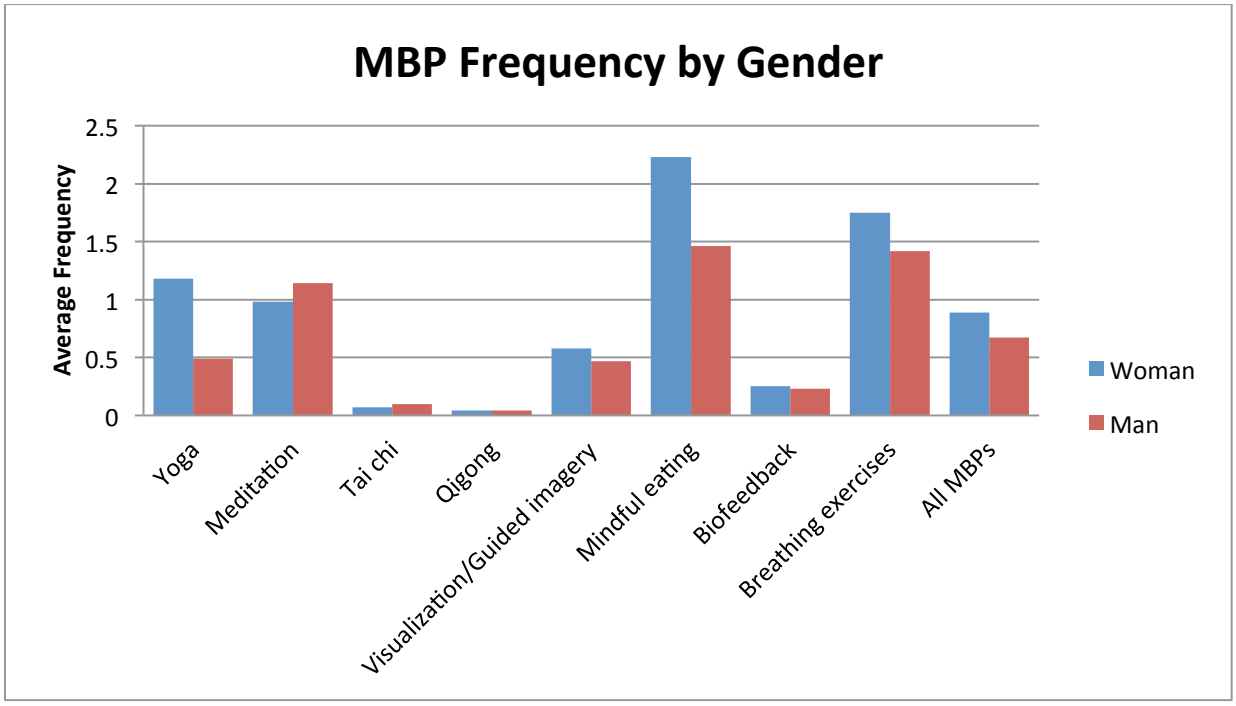

Figure 3. MBP Frequency by Gender of MBPC respondents.

Those identifying as female engaged in all MBPs more frequently than those identifying as male, with the exception of Tai chi ($p=0.35$) and Meditation ($p=0.12$), in which males engaged in slightly more often. Most notably, women engaged in Yoga ($p\leq0.001$), Mindful Eating ($p=0.00$), and Breathing Exercises ($p=0.004$) significantly more frequently than men. Women also engaged in Visualization/Guided Imagery more often ($p=0.14$), while frequency of Biofeedback ($p=0.70$) and Qigong ($p=0.88$) practice were relatively equal for both groups.

MBPC Data by Gender: Average Number of MPBs Reported

Average number of MBPs reported (at any frequency) was also calculated by adding up the number of MBPs each person reported and dividing by number of respondents in their respective demographic group. Then, a two-tailed t-test was conducted at a 95% confidence interval to determine statistical significance.

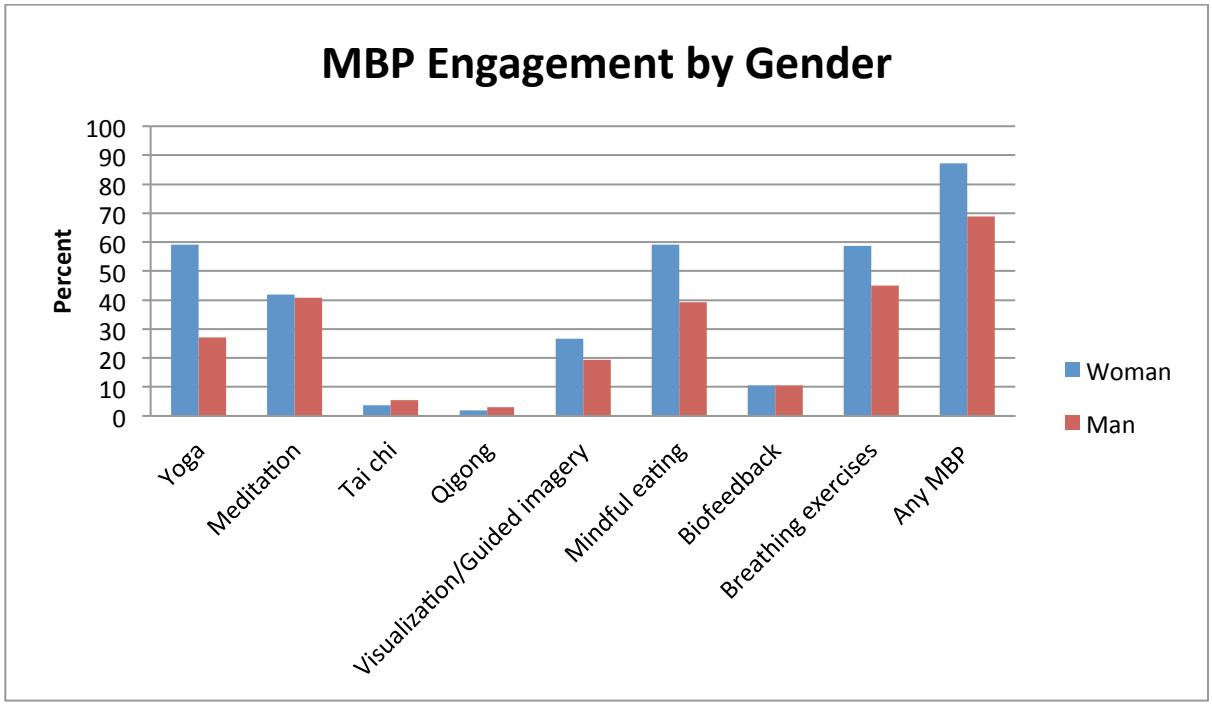

Figure 4. MBP Engagement by Gender of MBPC respondents.

Female respondents engaged in significantly more MBPs than male respondents ($p=0.00$). The high number of female respondents to MBPC, more frequent female engagement in MBPs, and more MBPs per female than male reported may indicate an overall heightened awareness of and tendency to participate in MBPs compared to their male peers. This may also allude to social stigma about male engagement in MBPs, especially because such practices often involve confronting emotions and thoughts and using physical expression (such as breath

or body movement) to navigate any internal conflict or stress. It is important to note, however, that this gender difference also exists in the U.S. population (Clarke, et. al., 2015).

MBPC Data by Race: Frequency of MBP Engagement

Similarly, frequency of MBP engagement was calculated for the various racial groups.

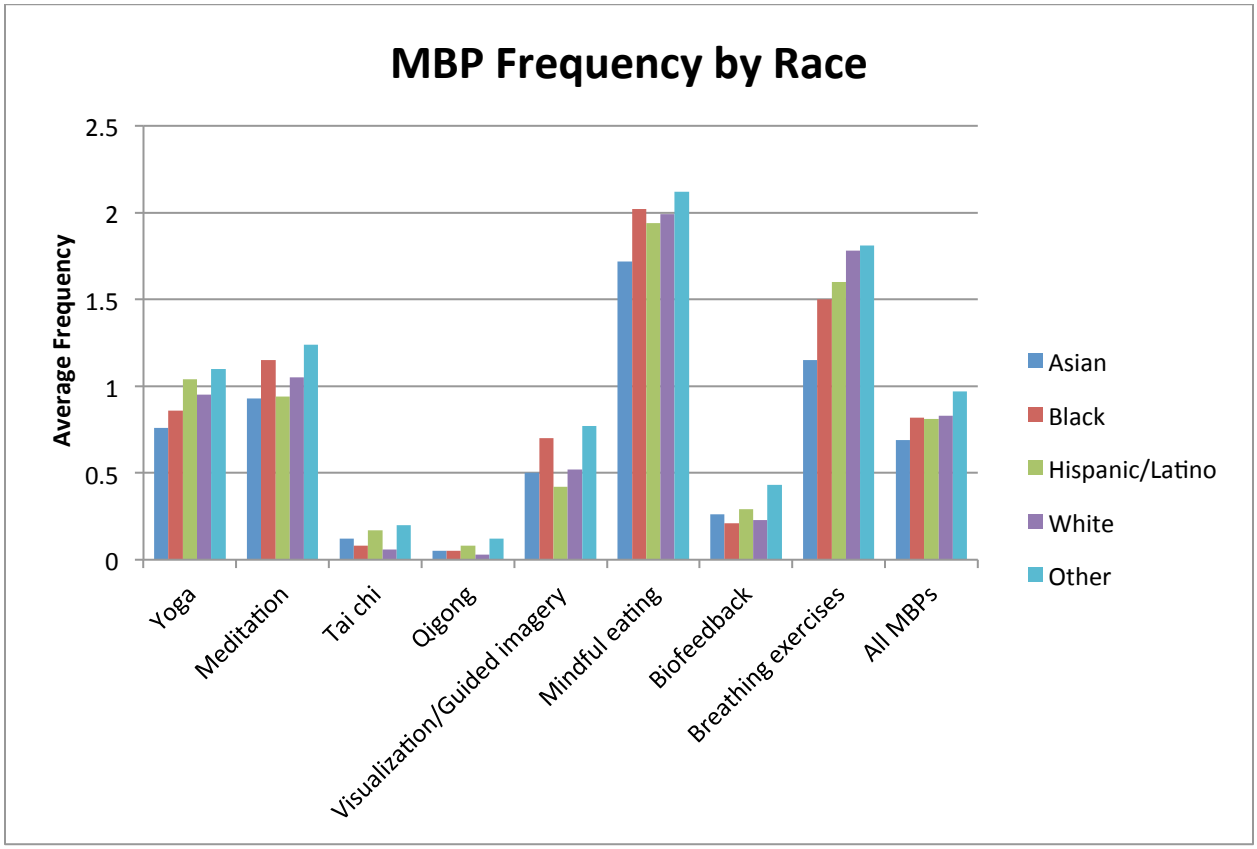

Figure 5. Frequency of MBP Engagement MBPC respondents, by race.

An ANOVA was run to determine statistical significance in frequency of MBP engagement among various races. For significant data, Post-hoc analysis was completed using Statistical Package for the Social Sciences (ver. 11.0, IBM, USA) software. Only two significant findings were made: Asians meditate significantly less than those reporting "Other race" ($p = 0.019$), and Asians partake in breathing exercises less frequently than Whites ($p = 0.013$). Otherwise, there was no significant difference in frequency of MBP engagement between races.

MBPC Data by Race: Average Number of MPBs Reported

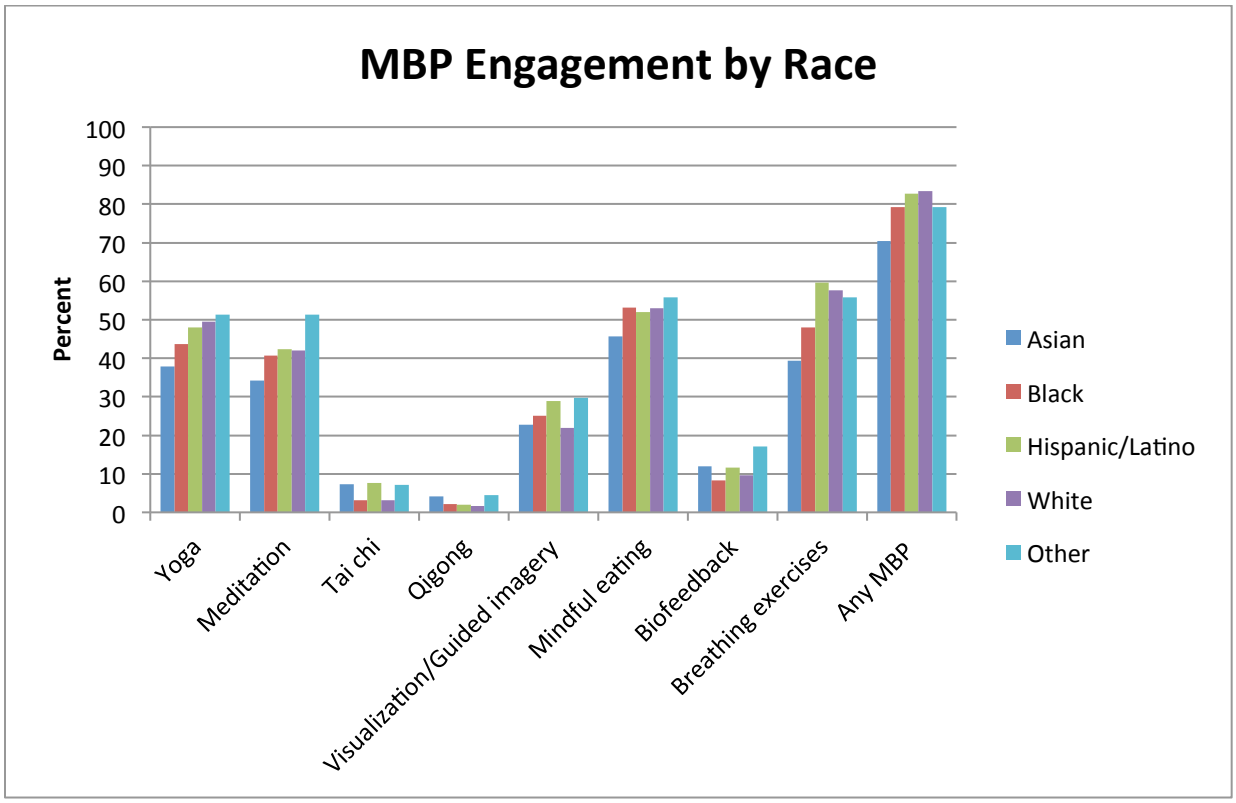

Figure 6. MBP Engagement in MBPC respondents, by race.

Respondents in all racial categories reported engagement in all of the MBPs listed. For all MBPs except for Tai chi, Qigong and Biofeedback, Asians had the lowest engagement. Those in the "Other race" category reported relatively high levels of engagement across all MBPs compared to other races. Based on the data, there is not very much difference in MBP engagement by race.

Preferences for Campus Support

Student rankings for their first, second, and third choices for campus support were compiled into a weighted score. This score was determined by multiplying the number of students listing a given MBP as first choice by a factor of 3, second choice by a factor of 2, and

third choice by 1. These were then summed to give a weighted score. In this manner, the higher the score, the more desired the MBP. For ease of comparison with other data trends, these were scaled down by a factor of 100. Frequency of practicing a given MBP is shown via the aforementioned Likert-scale conversion, and engagement is represented by the percent of students reporting any engagement in the given MBP, scaled down by 10 for ease of visualization. Thus, the figure below does not represent a quantitative relationship between desire for campus support, frequency of practice, and engagement, but rather provides a semi-quantitative visual representation of their relationships to one another.

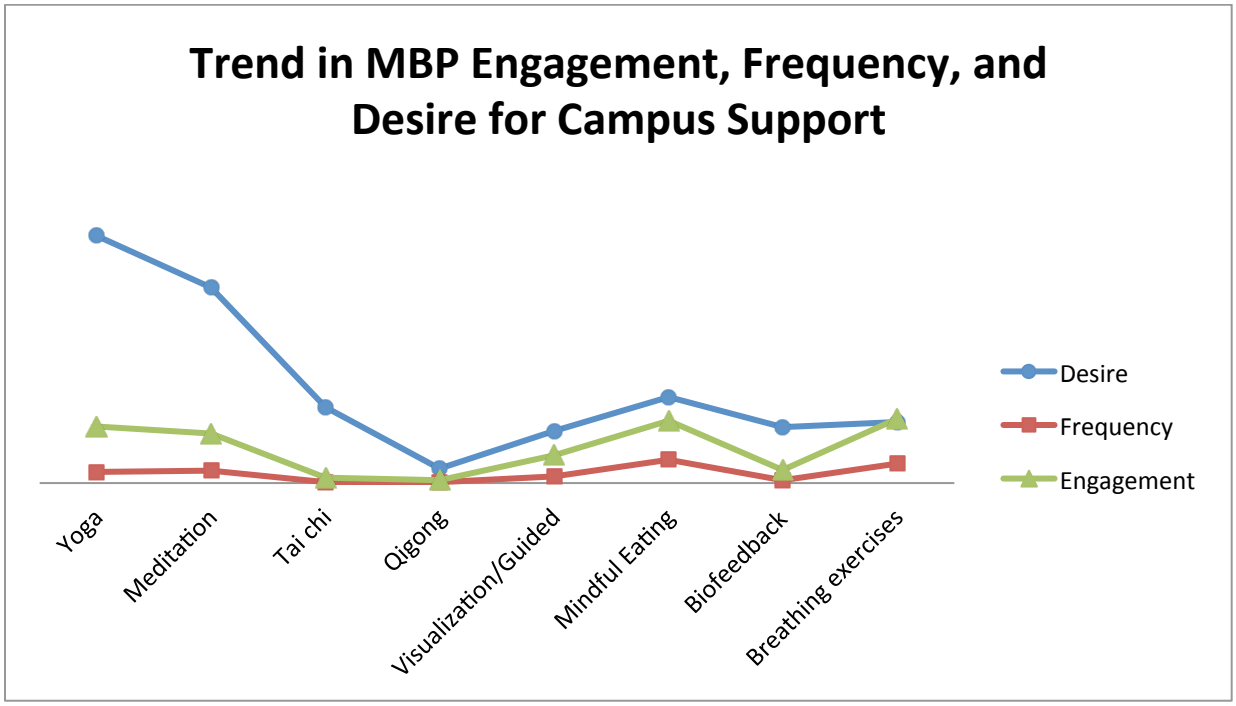

Figure 7. MBP Engagement, frequency, and desire for campus support in MBPC respondents

It is apparent from this figure that these measures are positively correlated overall. That is to say, any engagement was linked to more frequent practice and more desire for campus support for a given MBP. Yoga overwhelmingly was the most frequently practiced, engaged in, and desired, followed by Meditation and then Mindful Eating. Interestingly, however, while Tai

chi was among the least reported MBPs, students indicated relatively high desire for campus support for it. Though Tai chi frequency and engagement were second to lowest for the MBPs listed (Qigong was lowest), it was the fourth "most desired" for campus support, only after Yoga, Meditation, and Mindful Eating.

Comparison to National Health Statistics Report Data

The CDC and NIH's National Health Statistics Report Data, published in February of 2015, is the most comprehensive and representative analysis of prevalence of CAM and MBP engagement in the United States. According to the report, in 2012 (the most recent year provided), 42.6% of those with a college degree or higher reported utilizing CAM, which includes MBPs, and those with college education were significantly more likely to partake in these practices. While a direct comparison is difficult to make due to the very different methods of data collection, this number appears much higher in the Vanderbilt population, where 80.62% of respondents report engaging in MBPs. Additionally, the MBPC data does not include potential additional students partaking in CAM, whereas the NIH report does include this CAM in their analysis.

The main MBPs and their prevalence that the report focused on, as well as the Vanderbilt student reported rates are summarized below. Note that in the report, only yoga was reported by age group as well as overall by the NIH, and only the data for any MBP engagement by those with a college education is provided. The percentages of the National Report data are age-adjusted, whereas the Vanderbilt MBPC data focuses only on roughly 18-22 year-old undergraduates.

Table 2. *Comparison of Percent Engagement Overall: MBPC data to National Data*

	National Report (%)	Vanderbilt MBPC Data (%)
Yoga	9.5 (age 18-44, 11.2)	47.11
Meditation	8.4	41.51
Tai chi	1.1	4.44
Qigong	0.3	2.40
Visualization/guided imagery	1.7	23.47
Breathing exercises	10.9	53.60
Biofeedback	0.1	10.76
Any MBPs*	33.2 (overall) 42.6 (college degree or higher)	80.62

*includes CAM for National data

It appears that Vanderbilt students report MBP engagement far more than the US population. The National Health Statistics Report additionally found that women were significantly more likely to report CAM than men, and that White respondents and "non-Hispanic Other" (includes Asians) reported more engagement than Hispanic and non-Hispanic Black respondents. Additionally, according to the study, wealthier and insured groups were also significantly likelier to partake in CAM. It is possible that the high "Other" ethnic diversity at Vanderbilt (compared with the US population) as well as the high level of education and socio-economic status contribute to Vanderbilt students' much higher engagement in MBPs.

Students engaging in "Other" Mind-Body Practices

Of those participating in MBPC, 245 (21.77% of survey respondents) reported engaging in "other" MBPs not found in the survey, and specified these MBPs in the survey (Items 12-15 of MBPC). Of these responses, 178 (15.82% of survey respondents) actually fit the definition of MBPs. The responses were divided into five major categories: General Relaxation Techniques,

Fine Arts, Physical Fitness, Prayer, and Therapeutic Intervention. Sample responses from the survey and brief parameters for each category are listed below.

Table 3. *Explanation of categorization of "Other" data*

Other MBP	**Definition**	**Sample responses**
General Relaxation Techniques (n=25)	Techniques involving refocusing attention on something calming and increasing awareness of the body (adapted from Mayo Clinic)	● Alexander Technique ● Counting down from 100 ● Guided relaxation exercises ● Therapeutic baths ● Body scan
Fine Arts (n=18)	Practices involving visual art, dance, writing, and/or music	● Dance ● Coloring ● Violin practicing ● Journaling
Physical Fitness (n=77)	Exercise or activity requiring physical effort and/or improve physical fitness	● Rock climbing ● Running ● Lifting weights ● Stretching
Prayer (n=51)	Worship or religious service	● Islamic prayer ● Devotions ● Bible reading ● Eucharistic Adoration (Roman Catholic) ● Contemplative prayer
Therapeutic Intervention (n=9)	Practices requiring a trained therapist for execution	● Acupuncture ● EMDR ● Counseling ● Massage

Due to the relatively low numbers in each category, especially when divided into demographic groups, statistical analysis was not performed on the "Other" data. However, certain trends are observable from the data obtained.

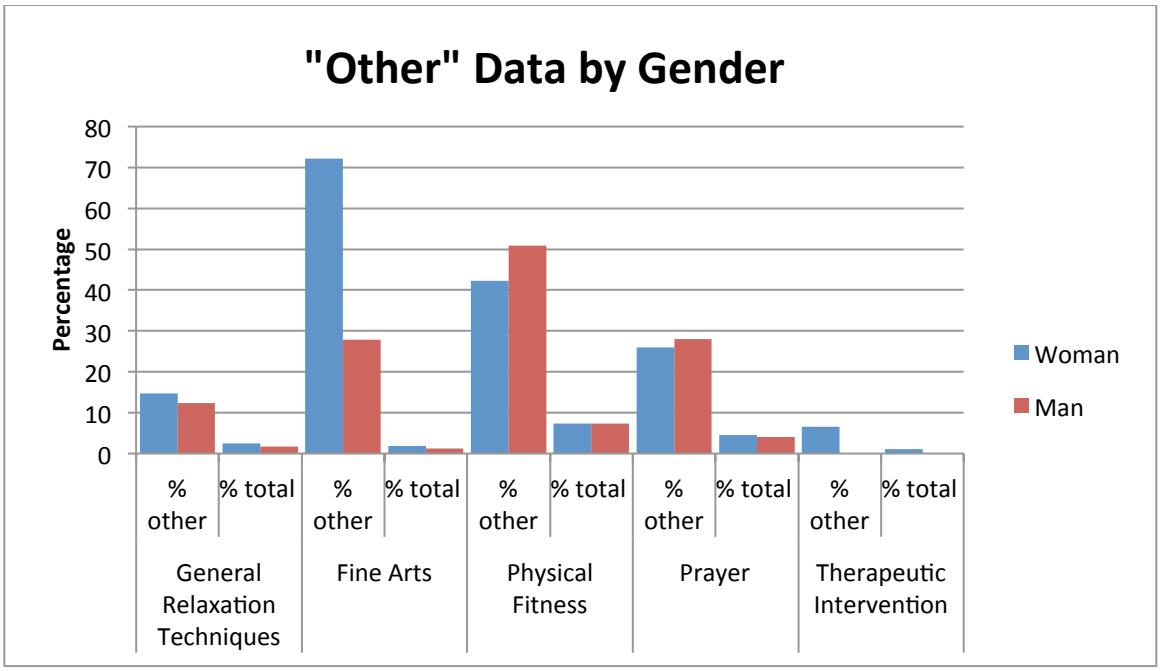

Figure 8. "Other" Data by Gender. In this figure, "% other" denotes the % of the demographic group listing an "other" MBP, and % total denotes the % of the total number of respondents in the demographic group. For example, 14.63% of females specifying "other" specified a General Relaxation Technique, which was 2.56% of all female survey respondents.

Physical fitness and Prayer were the most reported "Other" MBPs. For both, a greater fraction of males listing an "Other" MBP than females participated in these practices. For the other categories, females were somewhat higher than males, particularly in reporting Fine Arts. Interestingly, male respondents did not indicate receiving Therapeutic Intervention. While this was an optional open-ended question, this finding is consistent with a multitude of research showing that males are less likely to seek therapeutic intervention for mental health problems (Tedstone, 2010).

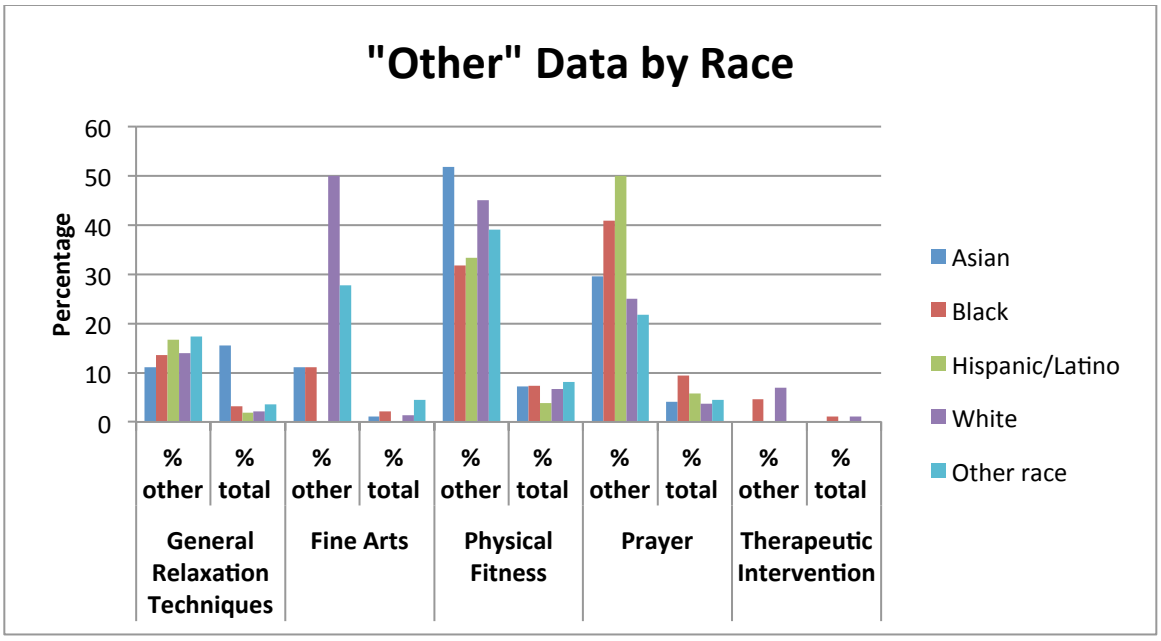

Figure 9. "Other" Data by Race. In this figure, "% other" denotes the % of the demographic group listing an "other" MBP, and % total denotes the % of the total number of respondents in the demographic group. For example, 51.85% of Asians specifying "other" specified a General Relaxation Technique, which was 2.56% of all female survey respondents.

From a racial standpoint, it appears that a greater portion of Asian respondents to MBPC filled in General Relaxation Techniques, though of those reporting these techniques, the racial groups were fairly even. While a large portion of Hispanic/Latino respondents indicating an "Other" MBP reported prayer, as a whole the percent of all races indicating prayer was similar. No Hispanic/Latino respondents indicated Fine Arts, and only White and Black respondents indicated Therapeutic Intervention.

Student concerns about Mind-Body services on campus

A portion of MBPC respondents (n=95) opted to fill in the final question (item 20), which provided space for any comments or concerns. Of these comments, the majority were highly positive, where positive indicates support of additional support for MBPs and/or a Mind-Body Center. The positive comments were categorized in three main groups: "general positivity

and/or gratitude," "stress relief, mental health, and/or preventative benefits of MBPs," and "positivity with suggestions for university support of MBPs, such as location, timing, and format.

The negative comments were also categorized into three main groups: "concern about money and/or resources," "feel that current campus resources are sufficient," (i.e. no futher attention to MBPs is needed) and "concern about practicality." The below figure indicates the number of respondents in each category, with at least one sample response from the actual survey for each category.

Table 4. *Positive end comments and categorization*

Category	**Number of respondents**	**% of respondents to question**	**% of all survey respondents**	**Sample Comment(s)**
Positive	**74**	**77.9**	**6.58**	
General positivity/ gratitude	26	27.4	2.31	*This is such a great idea! Really missing from this school.*
Stress relief, mental health, preventative measures	21	22.1	1.87	*Mindfulness has helped me cope with some anxieties I've had after my first year…having a place on campus to learn and practice would be incredible. Thank you so much!* *I love the idea of having a Mind-Body Center on campus…it's so important to have a space like that so students can take advantage of it BEFORE something happens that would compel them to have to go to the PCC.*
Yes with suggestions (ex. space, timing, format)	27	28.4	2.40	*If Vanderbilt were to create a Mind-Body Center, they should try to make it as close to the center of campus as possible. Areas such as the recreation center and the PCC are very far out of the way from freshmen, who most likely need help managing stress the most.*

Table 5. *Negative end comments and categorization*

Category	**Number of respondents**	**% of respondents to question**	**% of all survey respondents**	**Sample Comment(s)**
Negative	21	22.1	1.87	
Concern about money/resources	6	6.3	0.53	*Sounds like a waste of money.*
Feel current campus resources are sufficient	9	9.5	0.80	*I do not think that a Mind-Body Center is necessary. I believe that the resources we already have (such as the rec center, the PCC, residential programming) should integrate more of these practices into their curriculums if there is student demand for them. The Rec already offers yoga classes - I think it would be redundant to have a separate center for such practices...Utilize and improve the resources we already have.*
Concern about practicality	6	6.3	0.53	*You may think this is a good idea, however I bet not many students would actually partake.* *This idea seems a bit ironic to me. I think these things are most effective when executed alone, and the notion of designating an area for these practices seems a bit counter-intuitive. But I could be wrong.*

There were far more positive than negative comments, at a rate that mirrors the percentage of respondents interested in a Mind-Body Center on campus. Many of the positive comments which had suggestions included mentions of the PCC and the Vanderbilt Recreation & Wellness

Center (Rec), both of which are located relatively far from main campus. These comments included poor timing and quality of yoga classes at the Rec, long wait-times for an appointment at the PCC, frustration with the location of both, concern over the stigma of going to the PCC, and the physical fitness-orientation of the Rec.

QUALITY OF LIFE SURVEY DATA & DISCUSSION

The QOLS data was compiled to show the percentage of respondents agreeing with a given statement about wellness at Vanderbilt. For a given question in the Wellness section of the survey, $1469 \leq N \geq 1482$ respondents. The Office of the Dean of Students was unable provide demographic data for this set of questions as their data analysis is still underway. The following questions and answers were highly notable for the purposes of this exploration.

Table 6. *Wellness section of Quality of Life Survey results*

Statement	**Agree**
The Vanderbilt environment promotes mental health and wellbeing.	41%
Help is available to students on this campus who have mental health concerns, such as depression, anxiety, relationship problems, thoughts of suicide, or eating disorders.	78%
I have experienced a mental health concern, such as depression, anxiety, and/or thoughts of suicide, while a student at Vanderbilt University.	46%
I have sought help for a mental health concern, such as depression, anxiety, and/or thoughts of suicide, while a student at Vanderbilt University.	29%
Stigma is a barrier in accessing mental health support services.	56%
I know of someone who has seriously considered or attempted suicide while a student at Vanderbilt University.	30%
I have considered suicide at some time during my experience at Vanderbilt University.	14%
I know someone at Vanderbilt whom I believe exhibits eating disorder behaviors.	43%
Vanderbilt provides adequate self-help resources for students seeking to promote their well-being.	64%

According to these data, more than half of Vanderbilt undergraduates do not feel as though the environment promotes mental health and well-being. This reinforces that Vanderbilt is a high-stress institution, likely for a variety of reasons including and apart from academics. While nearly half of the respondents indicate experiencing a mental health concern, and over three-fourths agree that there is help available, less than a third of students actually seek help. When considered with a majority of students agreeing that stigma is a barrier to accessing mental health support services, it is likely that stigma significantly impedes help-seeking behavior. The large percentages of students knowing someone exhibiting eating disorder behaviors and suicidal ideation further bolsters the necessity of accessible, de-stigmatized preventative and therapeutic support.

In fact, many of the end comments of MBPC emphasized these aspects of the Vanderbilt environment. One respondent wrote: “Honestly, we may be the "happiest campus" but I have never seen so many unhappy and stressed people...A mind-body center...would be VERY helpful,” and another noted that while “many services are already offered through the PCC,” they “like many other students…don’t feel comfortable attending any events there,” and further emphasized the far location of the Rec, making attending yoga difficult. Other students wrote that the center would provide a more neutral, welcoming location, with “none of the stigma sometimes associated with the PCC,” and an environment suitable for “those who otherwise feel intimidated by going to the Rec.” Because the process of de-stigmatization is unlikely to happen rapidly, the solution of additional campus support and an all-inclusive space on campus may be an important step towards combating the gravely high incidence of mental health concerns.

MIND-BODY LAB USER DATA & DISCUSSION

Preliminary Survey

Results from PS (n=19) created by the PCC staff are listed below.

15.78%, or 3 of 19

- wrote of the need for shorter DVDs or longer appointment times to match up the timing of tools in the space with the length of appointments.
- said they were unlikely to come back

21.05%, or 4 of 19

- wrote about wanting more resources in the room, including guided visualization (n=2), aromatherapy, and positive thought activity
- wrote about improving the iPad/Inner Balance App (used for biofeedback) functionality, equipment, and utility
- said the experience was only somewhat helpful

In spite of the majority of respondents finding the experience relatively helpful and indicating they would be likely to come back in PS, the re-booking rate of the MBL remained very low following the timeframe of the feedback form.

Mind-Body Lab User Survey

For MBLUS, 27 undergraduates used the MBL from August 2015-February 2016 and were contacted to take the survey, and 7 completed it.

6 of the 7 participants were female. 5 of the 7 participants were White, and the other 2 were Asian. No seniors (class of 2016) participated in MBLUS. 5 of the 7 participants had used the space only once, 1 had used it twice, and 1 had used it three times.

In Item 1 of MBLUS, Participants were asked to list their motivation for using the MBL, meaning that they could check multiple options. They were later asked to indicate their motivation for engaging in MBPs, if they engaged in MBPs (100% of respondents did).

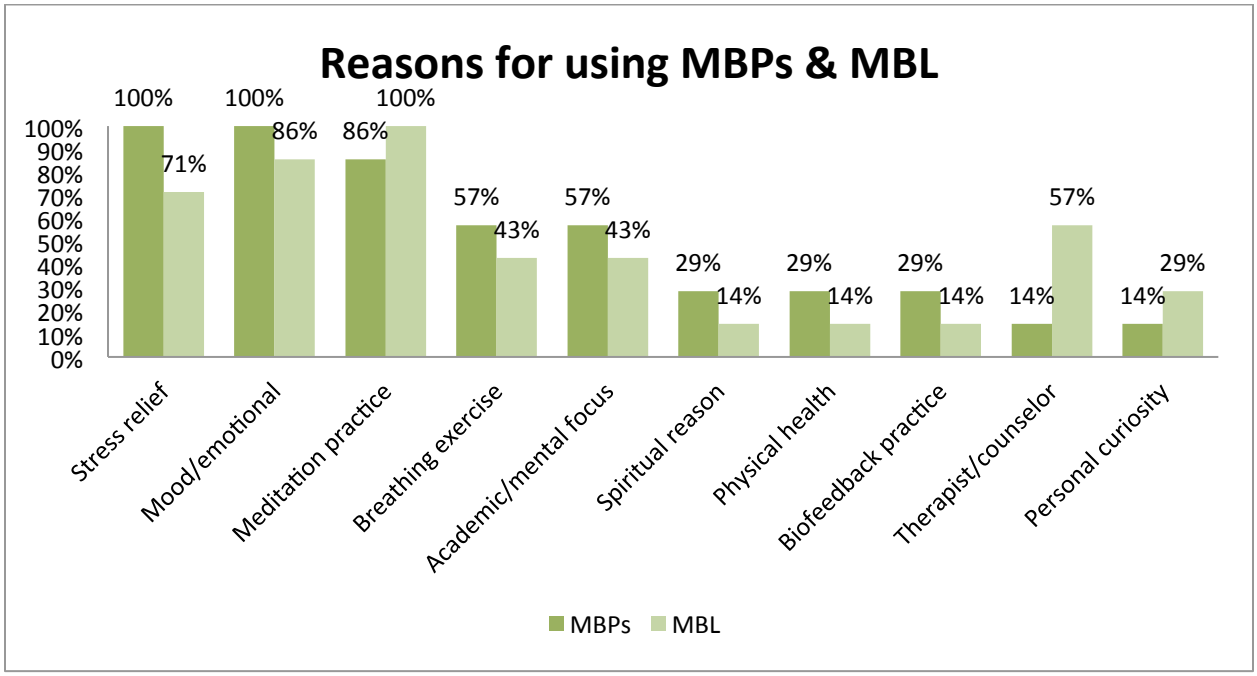

Figure 10. Reasons for Using MBPs and MBL, described as percent of MBLUS respondents.

Participants indicated that the MBL satisfied their selected reasons for using the space moderately (n=2) or considerably (n=5), but

none selected “a great deal,” “slightly,” or “not at

all,” indicating that the MBL provided about a medium amount of satisfaction for commonly selected items such as meditation practice, emotional improvement, and stress relief.

While all respondents indicated using the MBL for meditation, not all said the same for MBPs. Rather, all respondents reported engaging in MBPs for stress relief and mood/emotional improvement. Additionally, respondents overall checked more reasons for using MBPs than the MBL. Notably, a majority of respondents used the MBL because (at least in part) of therapist/counselor recommendation, whereas only one respondent engaged in MBPs because of therapist/counselor recommendation. This may indicate a desire for separation between MBPs and the clinical environment because of the MBLs location within the PCC.

In fact, of the 7 participants, only one returned to the MBL during the timeframe of the study. This participant wrote: “It was nice to be in quiet room to myself where I could just work on my breathing. I also enjoyed the meditations. It's harder to relax in my room...because of all the distractions. The MBL is good for limiting those.” All respondents who did not return described time and convenience as barriers to returning, and many also reported bringing exercises and meditation back their rooms. This may indicate the utility of MBP workshops after class hours to teach students various techniques they can then practice on their own time.

Items 3-8 of MBLUS gauged the relative importance of the MBL to current users, then converted numerically using a Likert scale. The scale is described in the table below.

Table 7. *Likert-scale for relative importance of various aspects of life found in MBLUS*

Likert-scale	Relative importance
4	Extremely important
3	Very important
2	Moderately important
1	Slightly important
0	Not at all important

For each category asked, the Likert-scale value was multiplied by the number of respondents and then summed, creating a weighted score. Similarly, in Item 37, participants were asked to select their reasons for engaging in MBPs (rather than the MBL), if they engaged in MBPs, and then in Items 38-43 to rate the importance of MBPs to various aspects of their lives.

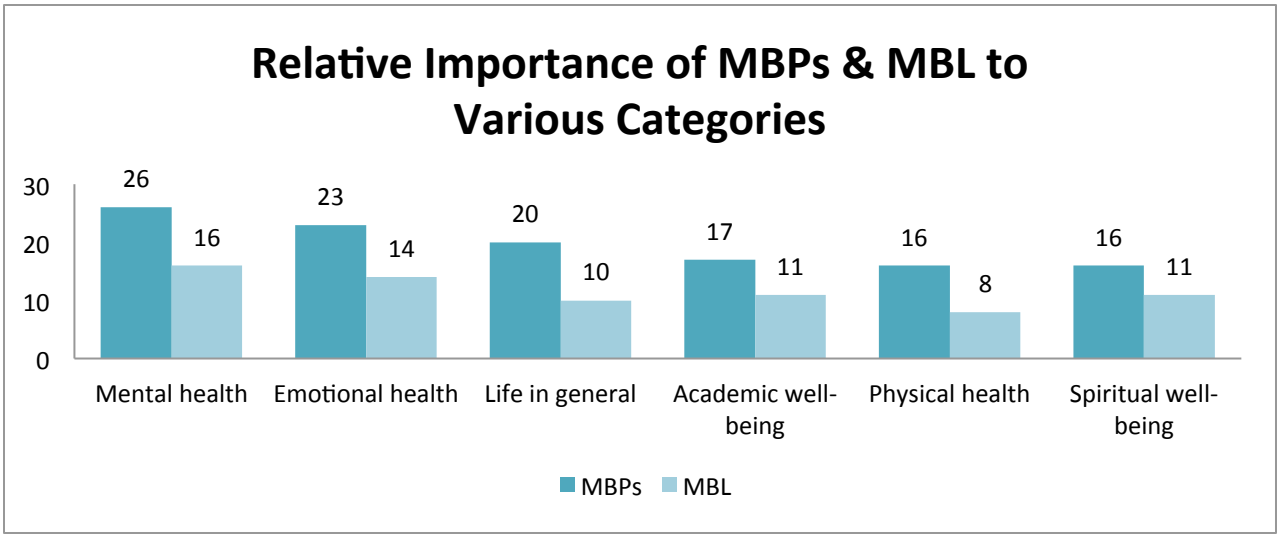

Figure 11. Relative importance of MBPs & MBL to various aspects of life. Weighted score of MBLUS responses.

MBLUS also assessed the frequency and type of MBP engagement in the same manner as MBPC. No participants reported practicing an "Other" MBP. The average MBLUS respondent practiced 4.125 MBPs, compared to 2.35 MBPs per respondent in MBPC. Additionally, average frequency of practice (using the same Likert-scale as for MBPC), was greater for MBL users (1.66, compared to 0.81 from MBPC). While these comparisons are difficult to make because of the vastly different sample sizes, the results are likely a testament to increased awareness of and proximity to mental health matters and means of stress alleviation, as many of the MBLUS respondents were already at the PCC seeking therapy, or perhaps even an increased need for more frequent practice.

ADDITIONAL DISCUSSION

Study Limitations

There are many limitations posed by this form of data collection. Foremost, the MBPC survey sample is not necessarily representative of the Vanderbilt population, particularly with respect to gender. Since the survey was voluntary, the results may be subject to voluntary response bias, in which only those with strong opinions about the survey topic participate, which may account for some of the demographic differences between the student body and survey respondents. Because the survey was anonymous and unlinked to IP addresses, the same person may have taken the survey multiple times. Additionally, untruthful or responses made in jest may also affect the data. It also relies on respondents' recollection of MBP engagement and frequency.

Further, though the data strongly suggests a campus-wide desire for increased university support for MBPs, perhaps education may also be a key consideration if the university seeks to implement more MBP services. It is difficult to know whether a student would benefit from, say, biofeedback, if the student does not know what it is or that it is a practice available to them. Similarly, a student who may benefit from this but does not know what it is would be unlikely to indicate it as a preference for campus support on the survey. However, the high response rate may mitigate many of these issues to an extent, and these data can still provide valuable insight into MBP engagement in Vanderbilt undergraduate students.

With regards to PS and MBLUS, the limitations are less in the seriousness of the information provided, but in the low number of users and respondents. Quantitative analysis is very limited by the number of survey respondents (n=19 for PS, n=7 for MBLUS), and even qualitative analysis is difficult because trends are tough to discern with such a small group. It is also possible that the $10 compensation for the survey may have created a different sample than if the survey were uncompensated or compensated at a greater amount.

Future Directions

In future studies, it maybe be helpful to provide categories for the "Other" section when asking which MBPs were practiced because the open-ended fill-in nature allowed for numerous answers that were not considered to be MBPs (for example, "runescape," "caring for my dog," and "napping,"). While these responses may provide insight into other methods of stress relief for students, they do not fit the accepted definition of MBPs, and many of them are not feasible to implement from a university perspective. Given the significantly more frequent engagement in MBPs in female respondents, follow-up assessments may address issues such as stigma and need or rationale for practicing or not practicing MBPs. This information could help explain the gender differences and allow for services tailored to fit more needs.

Additionally, it may be useful to survey therapists and counselors at the PCC describing how frequently they teach clients MBPs and recommend use of the MBL. It is possible that therapist knowledge of and comfort with MBPs, as well as their attitudes towards MBPs for therapeutic benefits, impacts PCC client engagement in these practices and use of the MBL.

This could even be extended to physicians at Student Health and mentors in residential spaces and the Rec.

Applications for EBCD

The potential application of this data to the university environment is vast. It is apparent that the demand for increased university support for mental health issues through MBPs is high, and that a very large and increasing portion of the student population experiences mental health concerns during their undergraduate career. Multiple respondents asked for student leadership opportunities in these practices, careful attention to scheduling, services, and inclusiveness, and an educational component such as a lecture series or in-dormitory sessions on MBPs. Bridging the gap between student voice and university programming geared towards MBPs could be a useful and pragmatic means of promoting well-being at Vanderbilt.

Utilizing student feedback during the developmental stages of such programs, for example, through this survey, through interviews, and through diverse student leaders ensures that these matters are carefully considered from the perspectives of those actually engaging in the services, and that campus support takes appropriate format. By considering the viewpoint of those who actually experience the space (MBL users) and who may potentially experience a new space (campus body), it is easier to assess the demand for MBPs and in which MBPs undergraduates are likely to engage, practice, and use to bolster their mental health.

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APPENDIX A: MBPC DATA SUMMARY TABLES

Table 8. *MBP frequency by gender and race*

	GENDER		RACE					TOTAL
	Woman (n=703)	Man (n=399)	Asian (n=193)	Black (n=96)	Hispanic/Latino (n=52)	White (n=673)	Other (n=111)	All respondents (n=1125)
AVERAGE FREQUENCY OF MIND-BODY PRACTICE								
Yoga	1.18	0.49	0.76	0.86	1.04	0.95	1.1	0.93
Meditation	0.98	1.14	0.93	1.15	0.94	1.05	1.24	1.05
Tai chi	0.07	0.1	0.12	0.08	0.17	0.06	0.2	0.09
Qigong	0.04	0.04	0.05	0.05	0.08	0.03	0.12	0.05
Visualization/Guided imagery	0.58	0.47	0.5	0.7	0.42	0.52	0.77	0.55
Mindful eating	2.23	1.46	1.72	2.02	1.94	1.99	2.12	1.96
Biofeedback	0.25	0.23	0.26	0.21	0.29	0.23	0.43	0.25
Breathing exercises	1.75	1.42	1.15	1.5	1.6	1.78	1.81	1.64
AVERAGE FREQUENCY OF MBP ENGAGEMENT	0.89	0.67	0.69	0.82	0.81	0.83	0.97	0.81

Table 9. *MBP engagement by gender and race*

		GENDER		RACE					TOTAL
		Woman (n=703)	Man (n=399)	Asian (n=193)	Black (n=96)	Hispanic/Latino (n=52)	White (n=673)	Other (n=111)	All respondents (n=1125)
MIND-BODY PRACTICE									
Yoga	**n**	415	108	73	42	25	333	57	530
	%	59.03	27.07	37.82	43.75	48.08	49.48	51.35	47.11
Meditation	**n**	294	163	66	39	22	283	57	467
	%	41.82	40.85	34.2	40.62	42.31	42.05	51.35	41.51
Tai chi	**n**	26	22	14	3	4	21	8	50
	%	3.7	5.51	7.25	3.12	7.69	3.12	7.21	4.44
Qigong	**n**	13	12	8	2	1	11	6	27
	%	1.85	3.01	4.15	2.08	1.92	1.63	4.5	2.4
Visualization/ Guided imagery	**n**	180	77	44	24	15	148	33	264
	%	26.6	19.3	22.8	25	28.85	21.99	29.73	23.47
Mindful eating	**n**	415	157	88	51	27	357	62	585
	%	59.03	39.35	45.6	53.12	51.92	53.05	55.86	52
Biofeedback	**n**	74	42	23	8	6	65	19	121
	%	10.53	10.53	11.92	8.33	11.54	9.66	17.12	10.76
Breathing exercises	**n**	412	180	76	46	31	388	62	603
	%	58.61	45.11	39.38	47.92	59.62	57.65	55.86	53.6
REPORTING ANY MBP ENGAGEMENT*	**n**	613	275	136	76	43	561	88	907
	%	87.2	68.92	70.47	79.17	82.69	83.34	79.23	80.62
AVERAGE NUMBER OF MBP PRACTICED		2.6	1.91	2.03	2.23	2.52	2.39	2.73	2.35
INTEREST IN MIND-BODY CENTER									
Yes	**n**	569	245	138	78	41	485	88	830
	%	80.94	61.4	71.5	81.25	78.85	72.07	79.28	73.78

*does not include “other” MBPs

Table 10. *"Other" MBP engagement by gender and race.* In this table, "% other" denotes the % of the demographic group listing an "other" MBP, and % total denotes the % of the total number of respondents in the demographic group. For example, 14.63% of females specifying "other" specified a General Relaxation Technique, which was 2.56% of all female survey respondents.

		GENDER		RACE					TOTAL
		Woman (n=703)	Man (n=399)	Asian (n=193)	Black (n=96)	Hispanic/Latino (n=52)	White (n=673)	Other (n=111)	All respondents (n=1125)
OTHER CATEGORY MIND-BODY PRACTICE									
General Relaxation Techniques	**n**	18	7	3	3	1	14	4	25
	% other	14.63	12.28	11.11	13.64	16.67	14	17.39	14.04
	% total	2.56	1.75	15.54	3.13	1.92	2.08	3.6	2.22
Fine Arts	**n**	13	5	2	2	0	9	5	18
	% other	72.22	27.78	11.11	11.11	0	50	27.78	10.11
	% total	1.85	1.25	1.04	2.08	0	1.34	4.5	1.6
Physical Fitness	**n**	52	29	14	7	2	45	9	77
	% other	42.28	50.88	51.85	31.82	33.33	45	39.13	43.26
	% total	7.4	7.27	7.25	7.29	3.85	6.69	8.11	6.84
Prayer	**n**	32	16	8	9	3	25	5	51
	% other	26.02	28.07	29.63	40.91	50	25	21.74	2.87
	% total	4.55	4.01	4.15	9.38	5.77	3.71	4.5	4.53
Therapeutic Intervention	**n**	8	0	0	1	0	7	0	9
	% other	6.5	0	0	4.55	0	7	0	5.06
	% total	1.14	0	0	1.04	0	1.04	0	0.8
TOTAL	**n**	123	57	27	22	6	100	23	178
	%	17.5	14.29	13.99	22.92	11.54	14.86	20.72	15.82

APPENDIX B: SURVEY DISTRIBUTION

MBPC e-mail sent to student body

SUBJECT: Mind-Body Practice on Campus Survey Invitation – Chance to Win $100 Amazon Gift Card

MESSAGE:

Dear Vanderbilt Student,

You are invited to participate in a survey regarding Mind-Body and Mindfulness Practice on campus. The survey is part of a larger study conducted by a Vanderbilt student in conjunction with the Vanderbilt Psychological & Counseling Center (PCC). We are committed to understanding student needs and value your opinions. Please take this survey so we may better comprehend your experience.

TO COMPLETE THIS SURVEY, CLICK ON THE LINK BELOW:

http://studentvoice.com/vanderbilt/mind-body-practice-on-campus

The link will take you to your own ANONYMOUS survey.

After you have completed the answer phase of the survey, you will have the opportunity to REGISTER YOUR E-MAIL FOR THE CHANCE TO WIN A $100 AMAZON GIFT CARD.

This survey is ENTIRELY CONFIDENTIAL and NO INFORMATION GATHERED CAN BE LINKED TO ANY INDIVIDUAL STUDENT.

Thank you very much,

Vibhuti Krishna (College of A&S 2016)
Vanderbilt Student Government
Vanderbilt Psychological & Counseling Center

Recruitment e-mail sent to MBL users

SUBJECT: Compensated Mind-Body Lab User Survey ($10)

MESSAGE:

Dear Mind-Body Lab User,

You are receiving this e-mail because you are an undergraduate student who has used the Mind-Body Lab (MBL) at Vanderbilt's Psychological & Counseling Center (PCC) within the current school year. We are conducting a survey of MBL users to better understand your MBL experience.

You will be compensated $10 for survey completion, available to you at the PCC front desk, and you will be notified when your compensation is ready.

In order to receive the survey link, you must first fill out the attached consent form and e-mail it to adriana.kipper@vanderbilt.edu or turn it in to the PCC. This form describes the nature of the research and your participation.
Should you choose to participate, your survey responses will be linked to your unique Participant ID No. in order to preserve anonymity as data is being reviewed.

Your unique Participant ID No. is 001.

Thank you for your time and consideration!

Warm regards,

Dr. Adriana Kipper-Smith
Vanderbilt Psychological & Counseling Center

Follow-up e-mail sent to MBL users who turned in their consent form

SUBJECT LINE: Thank you & survey link

MESSAGE:

Dear Mind-Body Lab User,

Thank you for consenting to take the Mind-Body Lab (MBL) user survey. We have received your consent document.

You will be compensated $10 for survey completion, available to you at the PCC front desk, and you will be notified when your compensation is ready.

Please click here to be directed to this secure survey or copy-paste the following link in your browser:

http://studentvoice.com/vanderbilt/mblusersurvey

Recall that your unique Participant ID No. is 001.

In order to receive the survey link, you must first fill out the attached consent form and e-mail it to adriana.kipper@vanderbilt.edu or turn it in to the PCC. This form describes the nature of the research and your participation.
Should you choose to participate, your survey responses be linked to your unique Participant ID No. in order to preserve anonymity as data is being reviewed.

Thank you for your time and consideration!

Warm regards,

Dr. Adriana Kipper-Smith
Vanderbilt Psychological & Counseling Center

MBLUS Informed consent form

Vanderbilt University Institutional Review Board
Informed Consent Document for Research

Principal Investigator: Vibhuti Krishna **Revision Date:**
Study Title: Understanding Mind-Body Practice in Undergraduates through User Involvement
Institution/Hospital: Vanderbilt University Psychological & Counseling Center

This informed consent document applies to volunteers who meet the following criteria:
Used Mind-Body Lab between August 2015-February 2016
Vanderbilt University undergraduate
Age 18+

Name of participant: _____Age: _____

The following information is provided to inform you about the research project and your participation in it. Please read this form carefully and feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and your questions will be answered. Also, you will be given a copy of this consent form.

Your participation in this research study is voluntary. You are also free to withdraw from this study at any time. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision whether or not to continue your participation in this study.

1. Purpose of the study:

The purpose of the study is to understand which Mind-Body Practices college students are currently engaging in and how frequently they engage in them. It also seeks to determine whether there is a need for university support in Mind-Body Practices, and how user input from those participating in the existing services at the Mind-Body Lab can be used for healthcare improvement.

You are being asked to participate in a research study because you have used the Mind-Body Lab between August 2015 and February 2016.

2. Procedures to be followed and approximate duration of the study:

The study will take place through January and February 2016. The survey should take about 20-30 minutes to complete.

Users of the Mind-Body Lab (MBL) at the Vanderbilt Psychological & Counseling Center (PCC) from August 2015-February 2016 will be contacted via email for the to take a compensated in-

depth survey about their experience using the MBL. They will be contacted by therapy provider Dr. Adriana Kipper-Smith and all confidentiality will be preserved. The email will contain an assigned Participant ID Number, a brief description of the study, and an attached consent form. When the consent form is received, the user will then receive another email with the survey link and a reminder of their Participant ID Number. All surveys are created using Baseline.

3. **Expected costs:**
   None

4. **Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:**

We do not anticipate any major risks or inconveniences caused by this study. The survey should take approximately 20-30 minutes to complete. You will be asked questions about your time in the MBL at the PCC, which could potentially cause emotional discomfort while recalling treatment history. You may close the survey at any time should this occur, and can contact your PCC provider or the study team if needed.

In case of emergency, please call 911.

5. **Unforeseeable risks:**
   N/A

6. **Compensation in case of study-related injury:**
   N/A

7. **Good effects that might result from this study:**

   a) The benefits to science and humankind that <u>might</u> result from this study.
   -Advancement of client-provider collaboration in college mental health setting
   -Better understanding of Mind-Body Practice in college students

   b) The benefits you <u>might</u> get from being in this study.
   -Reflection on personal practices and Mind-Body experiences
   -Understanding of own experience in MBL and its benefits and drawbacks to you

8. **Alternative treatments available:**
   N/A

9. **Compensation for participation:**

   $10 will be available to you for pick-up at the PCC front desk after full completion of the survey. You will be notified when the money is ready.

10. Circumstances under which the Principal Investigator may withdraw you from study participation:

The Principal Investigator may withdraw your survey from the study results if it is their judgment that your survey was not filled out in good faith, or if the survey is incomplete.

11. What happens if you choose to withdraw from study participation:

No consequences/penalties

12. Contact Information.

If you should have any questions about this research study or possibly injury, please feel free to contact **Vibhuti Krishna** at **440.231.4503** or my Faculty Advisor**, Dr. Adriana Kipper-Smith** at **615.322.2571.**

For additional information about giving consent or your rights as a participant in this study, to discuss problems, concerns, and questions, or to offer input, please feel free to contact the Vanderbilt University Institutional Review Board Office at (615) 322-2918 or toll free at (866) 224-8273.

13. Confidentiality:

All efforts, within reason, will be made to keep your personal information in your research record confidential but total confidentiality cannot be guaranteed. Only therapy provider Dr. Adriana Kipper-Smith will be able to contact MBL users, and survey responses will not be able to be traced back to an individual research participant. The participant ID can only be traced back to the user through Dr. Kipper-Smith, not through anyone else in participating in or conducting the study. All survey responses will be stored on a secure server by Campus Labs and only key study personnel and Campus Labs will have access to responses. [CONSENTING NONENGLISH SPEAKERS: As proficiency in English is a requisite for admission to Vanderbilt University, this survey and consent will be delivered only in English.]

STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY

I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to participate. If I have any further questions or concerns, I understand I can contact Dr. Kipper-Smith at adriana.kipper@vanderbilt.edu

_____YES – I have read the informed consent document and wish to participate in the survey.

_____ NO – I do not wish to participate in this survey.

Participant ID No. _____ Date _____/____/2016

APPENDIX C: SURVEYS

Preliminary Survey (de-identified response form)

Mind Body Lab

Please take a few minutes to give us your feedback—it will help us to improve our services! Thank you!

1. Was it helpful?

   (✓) Yes ( ) Somewhat ( ) No

   If no, please let us know of your suggestions:

   _____

   _____

2. How likely are you to come back?

   (✓) Likely ( ) Unlikely

3. How likely are you to refer the *Mind Body Lab* to a friend?

   (✓) Likely ( ) Unlikely

4. Any suggestions to improve the *Mind Body Lab* services?

   I Really liked that you could use the TV/computer
   along with the iPAD!

Mind-Body Lab User Survey

Please note that because of the length of the survey, the outline and coding scheme generated by Campus Labs for each question is listed, rather than taking screen shots (is in MBPC, shown after this survey). The user interface appearance is the same for the two surveys.

Page - Mind-Body Lab User Survey	
Welcome! The following questions are about your experience using the Mind-Body Lab (MBL) at the Vanderbilt Psychological & Counseling Center (PCC). **You will be compensated $10 for full completion of this survey.**	
Required answers: 0	*Allowed answers: 0*

Q1 What was your reason for using the Mind-Body Lab (MBL)? (Check all that apply)	
Stress relief*[Code = 1]*	
Mood/emotional improvement*[Code = 2]*	
Physical health improvement*[Code = 3]*	
Academic/mental focus improvement*[Code = 4]*	
Biofeedback practice*[Code = 5]*	
Meditation practice*[Code = 6]*	
Spiritual reason*[Code = 7]*	
Breathing exercise practice*[Code = 8]*	
Therapist/counselor recommendation*[Code = 9]*	
Other personal recommendation*[Code = 10]*	
Personal curiosity*[Code = 11]*	
Other (please specify)*[Code = 12] [Textbox]*	
Required answers: 1	*Allowed answers: 12*

Q2 To what extent did your experience of the MBL satisfy the reason(s) you selected above?	
A great deal*[Code = 5] [Numeric Value = 5]*	
Considerably*[Code = 4] [Numeric Value = 4]*	
Moderately*[Code = 3] [Numeric Value = 3]*	
Slightly*[Code = 2] [Numeric Value = 2]*	
Not at all*[Code = 1] [Numeric Value = 1]*	
Required answers: 1	*Allowed answers: 1*

Q3 Please rate the importance of the MBL to your life in general:	
Extremely important*[Code = 5] [Numeric Value = 5]*	
Very important*[Code = 4] [Numeric Value = 4]*	
Moderately important*[Code = 3] [Numeric Value = 3]*	
Slightly important*[Code = 2] [Numeric Value = 2]*	

Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Q4 Please rate the importance of the MBL to your physical health:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Q5 Please rate the importance of the MBL to your mental health:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Q6 Please rate the importance of the MBL to your emotional health:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Q7 Please rate the importance of the MBL to your academic well-being:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Q8 Please rate the importance of the MBL to your spiritual well-being:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Next Page: Sequential

Page - 2

Q9 How did you hear about the MBL?
Therapist/counselor*[Code = 1]*
Psychological & Counseling Center (PCC) website*[Code = 2]*
Flier at PCC itself*[Code = 3]*
Flier on campus*[Code = 4]*
Friend/colleague*[Code = 5]*
Other (please specify)*[Code = 6] [Textbox]*
Required answers: 1 *Allowed answers: 1*

Q10 How frequently do you use the MBL?
3 or more times per week*[Code = 1]*
1-2 times per week*[Code = 2]*
Every other week*[Code = 3]*
About once a month*[Code = 4]*
Less than once a month*[Code = 5]*
One-time use only*[Code = 6]*
Required answers: 1 *Allowed answers: 1*

Q11 Overall, how beneficial was your experience?
Extremely beneficial*[Code = 5] [Numeric Value = 5]*
Very beneficial*[Code = 4] [Numeric Value = 4]*
Moderately beneficial*[Code = 3] [Numeric Value = 3]*
Slightly beneficial*[Code = 2] [Numeric Value = 2]*
Not at all beneficial*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Q12 Did you return to MBL after your first visit?
Yes (why?)*[Code = 1] [Textbox]*
No (why not?)*[Code = 2] [Textbox]*
Required answers: 1 *Allowed answers: 1*

Q13 To what extent did you feel at ease after your session?
A great deal*[Code = 5] [Numeric Value = 5]*
Considerably*[Code = 4] [Numeric Value = 4]*
Moderately*[Code = 3] [Numeric Value = 3]*
Slightly*[Code = 2] [Numeric Value = 2]*
Not at all*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Next Page: Sequential

Page - Features of the Space

Q14 Did you receive instruction about how to use the MBL and its features the first time you used the space?		
Yes*[Code = 1]*		
No*[Code = 2]*		
	Required answers: 1	*Allowed answers: 1*

Next Page: Sequential

Page - 4

Q15 How useful were the instructions about MBL use?		
Extremely useful*[Code = 5] [Numeric Value = 5]*		
Very useful*[Code = 4] [Numeric Value = 4]*		
Moderately useful*[Code = 3] [Numeric Value = 3]*		
Slightly useful*[Code = 2] [Numeric Value = 2]*		
Not at all useful*[Code = 1] [Numeric Value = 1]*		
	Required answers: 1	*Allowed answers: 1*
Display if Q14='Yes'		

Q16 From whom did you receive instruction about MBL use? (Check all that apply)		
Therapy provider*[Code = 1]*		
Front desk staff member*[Code = 2]*		
Other (please specify)*[Code = 3] [Textbox]*		
None of the above*[Code = 0] [N/A]*		
	Required answers: 1	*Allowed answers: 4*
Display if Q14='Yes'		

Q17 Which of the following features from the room did you use? (Check all that apply)		
InnerBalance app/biofeedback*[Code = 1]*		
CD (please specify if you remember)*[Code = 2] [Textbox]*		
DVD (please specify if you remember)*[Code = 3] [Textbox]*		
Other (please specify)*[Code = 4] [Textbox]*		
None of the above*[Code = 0] [N/A]*		
	Required answers: 1	*Allowed answers: 5*

Q18 Did you use the InnerBalance app?		
Yes*[Code = 1]*		
No*[Code = 2]*		
	Required answers: 1	*Allowed answers: 1*

Next Page: Sequential

Page - 5

Q19 How easy was the InnerBalance app to use?		
Very easy*[Code = 5] [Numeric Value = 5]*		
Moderately easy*[Code = 4] [Numeric Value = 4]*		
Neither easy nor difficult*[Code = 3] [Numeric Value = 3]*		
Moderately difficult*[Code = 2] [Numeric Value = 2]*		
Very difficult*[Code = 1] [Numeric Value = 1]*		
	Required answers: 1	*Allowed answers: 1*
Display if Q18='Yes'		

Q20 Did you run into any difficulties using the InnerBalance app?		
Yes (please explain)*[Code = 1] [Textbox]*		
No*[Code = 2]*		
	Required answers: 1	*Allowed answers: 1*
Display if Q18='Yes'		

Q21 Did you use the DVDs/CDs available?		
Yes*[Code = 1]*		
No*[Code = 2]*		
	Required answers: 1	*Allowed answers: 1*

Next Page: Sequential

Page - 6

Q22 When you used the DVDs/CDs available, did you run into any difficulties?		
Yes (please explain)*[Code = 1] [Textbox]*		
No*[Code = 2]*		
	Required answers: 1	*Allowed answers: 1*
Display if Q21='Yes'		

Q23 How helpful was the binder with instruction?		
Extremely helpful*[Code = 5] [Numeric Value = 5]*		
Very helpful*[Code = 4] [Numeric Value = 4]*		
Moderately helpful*[Code = 3] [Numeric Value = 3]*		
Slightly helpful*[Code = 2] [Numeric Value = 2]*		
Not at all helpful*[Code = 1] [Numeric Value = 1]*		
Did not use*[Code = 0] [N/A]*		
	Required answers: 1	*Allowed answers: 1*

Q24 Did you encounter any other difficulties or issues when using the MBL?		
Yes (please explain)*[Code = 1] [Textbox]*		
No*[Code = 2]*		
	Required answers: 1	*Allowed answers: 1*

Next Page: Sequential

Page - Location

Q25 Given your knowledge of the PCC building, how do you feel about the location of the MBL within the PCC?

[Code = 1] [Textbox]

Required answers: 0 *Allowed answers: 1*

Q26 Would you prefer a different space within the PCC for the MBL?

Yes (why?)*[Code = 1] [Textbox]*

No (why not?)*[Code = 2] [Textbox]*

Indifferent*[Code = 3]*

Required answers: 1 *Allowed answers: 1*

Q27 Given your knowledge of Vanderbilt's campus, how do you feel about the location of the MBL in relation to campus?

[Code = 1] [Textbox]

Required answers: 0 *Allowed answers: 1*

Q28 Would you use an MBL if it were located more centrally on campus?

Definitely would*[Code = 4] [Numeric Value = 4]*

Probably would*[Code = 3] [Numeric Value = 3]*

Probably would not*[Code = 2] [Numeric Value = 2]*

Definitely would not*[Code = 1] [Numeric Value = 1]*

Required answers: 1 *Allowed answers: 1*

Next Page: Sequential

Page - Features of the Space

Please rate the following features of the space as they related to your experience.

Required answers: 0 *Allowed answers: 0*

Q29 Visuals on walls

Helpful*[Code = 3] [Numeric Value = 3]*

Indifferent*[Code = 2] [Numeric Value = 2]*

Unhelpful*[Code = 1] [Numeric Value = 1]*

Required answers: 1 *Allowed answers: 1*

Q30 Lighting of space

Too dim*[Code = 1]*

Appropriate*[Code = 2]*

Too bright*[Code = 3]*

Required answers: 1 *Allowed answers: 1*

Q31 Amount of space	
Too little space*[Code = 1]*	
Adequate amount of space*[Code = 2]*	
Overly spacious*[Code = 3]*	
	Required answers: 1 *Allowed answers: 1*

Q32 Temperature of room	
Too cold*[Code = 1]*	
Appropriate temperature*[Code = 2]*	
Too hot*[Code = 3]*	
	Required answers: 1 *Allowed answers: 1*

Q33 Length of appointment	
Too short*[Code = 1]*	
Appropriate*[Code = 2]*	
Too long*[Code = 3]*	
	Required answers: 1 *Allowed answers: 1*

Q34 Please rate your check-in process experience:	
Excellent*[Code = 5] [Numeric Value = 5]*	
Good*[Code = 4] [Numeric Value = 4]*	
Average*[Code = 3] [Numeric Value = 3]*	
Below average*[Code = 2] [Numeric Value = 2]*	
Poor*[Code = 1] [Numeric Value = 1]*	
	Required answers: 1 *Allowed answers: 1*

Q35 Would you prefer an automated self check-in for use of the lab?	
Definitely would*[Code = 4] [Numeric Value = 4]*	
Probably would*[Code = 3] [Numeric Value = 3]*	
Probably would not *[Code = 2] [Numeric Value = 2]*	
Definitely would not*[Code = 1] [Numeric Value = 1]*	
	Required answers: 1 *Allowed answers: 1*

Q36 Which color tones are the most soothing for you?	
Earth tones (olive green, rust, beige)*[Code = 1]*	
Warm tones (dark brown, orange, beige)*[Code = 2]*	
Cool tones (light blue, cool grey, white)*[Code = 3]*	
Primary tones (bright red, bright blue, bright yellow)*[Code = 4]*	
Other (please specify)*[Code = 5] [Textbox]*	
	Required answers: 1 *Allowed answers: 1*

Next Page: Sequential

Page - Mind-Body Practice

Q37 If you engage in mindfulness and/or Mind-Body Practices, what is your primary reason for doing so? (Check all that apply)
Stress relief*[Code = 1]*
Mood/emotional improvement*[Code = 2]*
Physical health improvement*[Code = 3]*
Academic/mental focus improvement*[Code = 4]*
Biofeedback practice*[Code = 5]*
Meditation practice*[Code = 6]*
Spiritual reason*[Code = 7]*
Breathing exercise practice*[Code = 8]*
Therapist/counselor recommendation*[Code = 9]*
Other personal recommendation*[Code = 10]*
Personal curiosity*[Code = 11]*
Other (please specify)*[Code = 12] [Textbox]*
Required answers: 1 Allowed answers: 12

Q38 Please rate the importance of mindfulness and Mind-Body Practice to your life in general:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 Allowed answers: 1

Q39 Please rate the importance of mindfulness and Mind-Body Practice to your physical health:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 Allowed answers: 1

Q40 Please rate the importance of mindfulness and Mind-Body Practice to your mental health:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 Allowed answers: 1

Q41 Please rate the importance of mindfulness and Mind-Body Practice to your emotional health:

Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Q42 Please rate the importance of mindfulness and Mind-Body Practice to your academic well-being:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

Q43 Please rate the importance of mindfulness and Mind-Body Practice to your spiritual well-being:
Extremely important*[Code = 5] [Numeric Value = 5]*
Very important*[Code = 4] [Numeric Value = 4]*
Moderately important*[Code = 3] [Numeric Value = 3]*
Slightly important*[Code = 2] [Numeric Value = 2]*
Not at all important*[Code = 1] [Numeric Value = 1]*
Required answers: 1 *Allowed answers: 1*

How often do you engage in Mind-Body Practices currently?

Q44 Yoga
3 or more times per week*[Code = 1]*
1-2 times per week*[Code = 2]*
Every other week*[Code = 3]*
About once a month*[Code = 4]*
Less than once a month*[Code = 5]*
Never*[Code = 6]*
Required answers: 1 *Allowed answers: 1*

Q45 Meditation
3 or more times per week*[Code = 1]*
1-2 times per week*[Code = 2]*
Every other week*[Code = 3]*
About once a month*[Code = 4]*
Less than once a month*[Code = 5]*
Never*[Code = 6]*
Required answers: 1 *Allowed answers: 1*

Q46 Tai chi		
3 or more times per week*[Code = 1]*		
1-2 times per week*[Code = 2]*		
Every other week*[Code = 3]*		
About once a month*[Code = 4]*		
Less than once a month*[Code = 5]*		
Never*[Code = 6]*		
	Required answers: 1	*Allowed answers: 1*

Q47 Qigong		
3 or more times per week*[Code = 1]*		
1-2 times per week*[Code = 2]*		
Every other week*[Code = 3]*		
About once a month*[Code = 4]*		
Less than once a month*[Code = 5]*		
Never*[Code = 6]*		
	Required answers: 1	*Allowed answers: 1*

Q48 Visualization/guided imagery		
3 or more times per week*[Code = 1]*		
1-2 times per week*[Code = 2]*		
Every other week*[Code = 3]*		
About once a month*[Code = 4]*		
Less than once a month*[Code = 5]*		
Never*[Code = 6]*		
	Required answers: 1	*Allowed answers: 1*

Q49 Mindful eating		
3 or more times per week*[Code = 1]*		
1-2 times per week*[Code = 2]*		
Every other week*[Code = 3]*		
About once a month*[Code = 4]*		
Less than once a month*[Code = 5]*		
Never*[Code = 6]*		
	Required answers: 1	*Allowed answers: 1*

Q50 Biofeedback		
3 or more times per week*[Code = 1]*		
1-2 times per week*[Code = 2]*		
Every other week*[Code = 3]*		

About once a month*[Code = 4]*
Less than once a month*[Code = 5]*
Never*[Code = 6]*
Required answers: 1 *Allowed answers: 1*

Q51 Breathing exercises
3 or more times per week*[Code = 1]*
1-2 times per week*[Code = 2]*
Every other week*[Code = 3]*
About once a month*[Code = 4]*
Less than once a month*[Code = 5]*
Never*[Code = 6]*
Required answers: 1 *Allowed answers: 1*

Q52 Other 1
3 or more times per week*[Code = 1]*
1-2 times per week*[Code = 2]*
Every other week*[Code = 3]*
About once a month*[Code = 4]*
Less than once a month*[Code = 5]*
Never*[Code = 6]*
Required answers: 1 *Allowed answers: 1*

Q53 Other 2
3 or more times per week*[Code = 1]*
1-2 times per week*[Code = 2]*
Every other week*[Code = 3]*
About once a month*[Code = 4]*
Less than once a month*[Code = 5]*
Never*[Code = 6]*
Required answers: 1 *Allowed answers: 1*

Q54 Other 3
3 or more times per week*[Code = 1]*
1-2 times per week*[Code = 2]*
Every other week*[Code = 3]*
About once a month*[Code = 4]*
Less than once a month*[Code = 5]*
Never*[Code = 6]*
Required answers: 1 *Allowed answers: 1*

Q55 Please specify the "Other" options above, if possible:		
Other 1:*[Code = 1] [Textbox]*		
Other 2:*[Code = 2] [Textbox]*		
Other 3:*[Code = 3] [Textbox]*		
	Required answers: 0	*Allowed answers: 3*

Rank which of the following mindfulness tools would you most like to access in the MBL:

Q56 Yoga		
1*[Code = 1] [Numeric Value = 1]*		
2*[Code = 2] [Numeric Value = 2]*		
3*[Code = 3] [Numeric Value = 3]*		
	Required answers: 0	*Allowed answers: 1*

Q57 Meditation		
1*[Code = 1] [Numeric Value = 1]*		
2*[Code = 2] [Numeric Value = 2]*		
3*[Code = 3] [Numeric Value = 3]*		
	Required answers: 0	*Allowed answers: 1*

Q58 Tai chi		
1*[Code = 1] [Numeric Value = 1]*		
2*[Code = 2] [Numeric Value = 2]*		
3*[Code = 3] [Numeric Value = 3]*		
	Required answers: 0	*Allowed answers: 1*

Q59 Qigong		
1*[Code = 1] [Numeric Value = 1]*		
2*[Code = 2] [Numeric Value = 2]*		
3*[Code = 3] [Numeric Value = 3]*		
	Required answers: 0	*Allowed answers: 1*

Q60 Visualization/guided imagery		
1*[Code = 1] [Numeric Value = 1]*		
2*[Code = 2] [Numeric Value = 2]*		
3*[Code = 3] [Numeric Value = 3]*		
	Required answers: 0	*Allowed answers: 1*

Q61 Mindful eating		
1*[Code = 1] [Numeric Value = 1]*		
2*[Code = 2] [Numeric Value = 2]*		
3*[Code = 3] [Numeric Value = 3]*		

	Required answers: 0 *Allowed answers: 1*

Q62 Biofeedback
1*[Code = 1] [Numeric Value = 1]*
2*[Code = 2] [Numeric Value = 2]*
3*[Code = 3] [Numeric Value = 3]*
Required answers: 0 *Allowed answers: 1*

Q63 Breathing exercises
1*[Code = 1] [Numeric Value = 1]*
2*[Code = 2] [Numeric Value = 2]*
3*[Code = 3] [Numeric Value = 3]*
Required answers: 0 *Allowed answers: 1*

Q64 Other 1 (as specified above)
1*[Code = 1] [Numeric Value = 1]*
2*[Code = 2] [Numeric Value = 2]*
3*[Code = 3] [Numeric Value = 3]*
Required answers: 0 *Allowed answers: 1*

Q65 Other 2 (as specified above)
1*[Code = 1] [Numeric Value = 1]*
2*[Code = 2] [Numeric Value = 2]*
3*[Code = 3] [Numeric Value = 3]*
Required answers: 0 *Allowed answers: 1*

Q66 Other 3 (as specified above)
1*[Code = 1] [Numeric Value = 1]*
2*[Code = 2] [Numeric Value = 2]*
3*[Code = 3] [Numeric Value = 3]*
Required answers: 0 *Allowed answers: 1*

Next Page: Sequential

Page - General Feedback

Q67 Do you have any additional suggestions or comments?
Yes (please explain)*[Code = 1] [Textbox]*
No*[Code = 2]*
Required answers: 1 *Allowed answers: 1*

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Q68 THANK YOU FOR YOUR PARTICIPATION!

Please enter your participant number (this was e-mailed to you with the survey link and is required for compensation).

[Code = 1] [Textbox]

Required answers: 0 *Allowed answers: 1*

Your $10 compensation will be available at the Psychological & Counseling Center front desk. You will be notified when it is ready.

Required answers: 0 *Allowed answers: 0*

Next Page: Sequential

Mind-Body Practice on Campus Survey

PAGE 1

0% Complete

Mind-Body Practice on Campus

Hello! I am a current Undergraduate Student working with the Vanderbilt Psychological & Counseling Center (PCC) looking to understand how Vanderbilt University can help facilitate our health and well-being. Please fill out this brief survey and be entered to win a $100 Amazon Gift Card!

This is a **completely anonymous** survey.

NEXT

PAGE 2

25% Complete

Mind-Body Practices are those that explore the interactions among the brain, mind, body, and behavior, usually for a mental or physical health outcome[1].

They are often used for stress/anxiety reduction.

[1] Adapted from National Institute of Health (NIH)
http://report.nih.gov/nihfactsheets/viewfactsheet.aspx?csid=102

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VANDERBILT UNIVERSITY

50% Complete

Demographic Questions

Question 1

What is your gender identity?

- Male
- Female
- Transgender male/Trans man
- Transgender female/Trans woman
- Genderqueer/Gender non-conforming
- Other (please specify)
- Prefer not to respond

Question 2

Which best describes your race/ethnicity?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Race/ethnicity unknown
- Other (please specify)
- Prefer not to respond

Question 3

What year do you expect to graduate?

- 2016
- 2017
- 2018
- 2019
- 2020

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VANDERBILT UNIVERSITY

75% Complete

Mind-Body Practice on Campus

Questions 4 - 14

How often do you engage in the following Mind-Body Practices currently?

	3 or more times per week	1-2 times per week	Every other week	About once a month	Less than once a month	Never
Yoga	○	○	○	○	○	○
Meditation	○	○	○	○	○	○
Tai chi	○	○	○	○	○	○
Qigong	○	○	○	○	○	○
Visualization/guided imagery	○	○	○	○	○	○
Mindful eating	○	○	○	○	○	○
Biofeedback	○	○	○	○	○	○
Breathing exercises	○	○	○	○	○	○
Other 1	○	○	○	○	○	○
Other 2	○	○	○	○	○	○
Other 3	○	○	○	○	○	○

Question 15

Please specify the "Other" options above, if possible:

Other 1:

Other 2:

Other 3:

Questions 16 - 18

If the University were to provide space and support for Mind-Body Practices, which would you most prefer?

First choice Select Answer

Second choice Select Answer

Third choice Select Answer

Question 19

Would you be interested in a Mind-Body Center on campus as a place to de-stress and practice mindfulness techniques?

- Yes
- No

Question 20

Do you have any other comments, questions, or concerns?

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