Supplementary material to article by A. E. W. Hoogerwerf et al. "Mindfulness-Based Cognitive Therapy For Severely Fatigued Multiple Sclerosis Patients: A Waiting List Controlled Study"

Appendix S1A Evaluation form completers.





Dear Mr. Mrs. / Miss,

You participated in the mindfulness training for people with MS and severe fatigue. Because we not only want to evaluate the efficacy, but also the feasibility of mindfulness training for fatigued MS patients, we would like to ask you to complete this questionnaire and return it in the enclosed envelope. We'd like to use your experience and observations to further develop the training and treatment services for MS patients.

Of course this is completely voluntary and you can also choose not to fill out the list. When answering the questions please circle the letter behind the answer that is most appropriate for you

- 1. What do you think of the quality of the mindfulness training you received?
 - a. Bad
 - b. Moderate
 - c. Neutral
 - d. Good e. Excellent
- 2. Did you receive the training you were hoping to get?
 - a. No, not at all
 - b. No, hardly
 - c. Neutral
 - d. Yes, in general
 - e. Yes, definitely
- 3. Has the workbook from this mindfulnesstraining met your needs?
 - a. No, not at all
 - b. No, hardly
 - c. Neutral
 - d. Yes, in general
 - e. Yes, definitely
- 4. What did you think of the quality of the trainers?
 - a. Bad
 - b. Moderate
 - c. Neutral
 - d. Good e. Excellent
- 5. Did the mindfulnesstraining help you cope with your fatigue?
 - a. No, not at all
 - b. No, hardly
 - c. Neutral
 - d. It helped a bit
 - e. Yes, it helped considerably
- 6. Did the mindfulnesstraining help you cope with your negative emotions?
 - a. No, not at all
 - b. No, hardly
 - c. Neutral
 - d. It helped a bite. Yes, it helped considerably
- 7. Did the mindfulnesstraining help you cope with your (negative) thoughts?
 - a. No, not at all
 - b. No, hardly
 - c. Neutral
 - d. It helped a bit
 e. Yes, it helped consider
 - e. Yes, it helped considerably
- 8. How satisfied are you overall with the mindfulness training?

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- a. Very dissatisfied
- b. Fairly dissatisfied
- c. Neutral
- d. Fairly satisfied
- e. Very satisfied
- 9. Would you recommend the training to other MS patients?
 - a. No, not at all
 - b. No, hardly
 - c. Neutral d. Yes, in
 - d. Yes, in general e. Yes, definitely

10. I would have preferred to follow the training individually instead of in a group

- a. Totally agree
- b. Agree
- c. Neutral
- d. Disagreee. Totally disagree

11. I would have preferred to follow the training in a smaller group.

- a. Totally agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Totally disagree

12. I would have preferred to have followed a less intensive training; less sessions, less homework

- a. Totally agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Totally disagree

13. I thought the length of the sessions (2 $\frac{1}{2}$ hours) was too long

- a. Totally agree
- b. Agree
- c. Neutral
- d. Disagreee. Totally disagree
- e. Totally usagree

14. How much time have you spent on average on daily exercises and homework assignments?

- a. 60 minutes or more
- b. 30 60 minutes
- c. 15 30 minutes
- d. 0-15 minutes
- 15. If you were to grade this mindfulnesstraining (on a scale from 1 to 10), which grade would you give?

Grade:

Below there is space for comments / tips / improvements

Thank you very much for filling out the questionnaire!

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Appendix S1B

Evaluation form non-completers





Dear Mr, / Mrs. / Miss,

You participated in the mindfulness training for people with MS and severe fatigue. Unfortunately you were not able to complete the training. Because we not only want to evaluate the efficacy, but also the feasibility of mindfulness training for fatigued MS patients, we would like to ask you to fill out this questionnaire and return it in the enclosed envelope. We'd like to use your experience and observations to further develop the training and treatment services for MS patients.

Of course this is completely voluntary and you can also choose not to fill out the list. When answering the 10 questions please circle the letter behind the answer that is most appropriate for you.

- 1. Did you receive the training you hoped to get?
 - No, not at all а
 - b. No, hardly
 - Neutral c.
 - Yes, in generall d
 - e. Yes, definitely
- 2. I stopped the training because it did not meet my expectations.
 - a. Totally agree
 - b. Agree
 - Neutral c.
 - d. Disagree
 - e. Totally disagree
- 3. I stopped the training because it was too intens and tiring
 - a. Totally agree
 - Agree b.
 - c. Neutral
 - d. Disagree Totally disagree e.
- 4. I stopped the training, because the fatigue is not too bad, or because I have accepted the fatigue.
 - a. Totally agree
 - Agree b.
 - Neutral c.
 - d. Disagree
 - Totally disagree e.
- 5. I stopped the training because I did not have time to practice at home
 - Totally agree a.
 - b. Agree
 - Neutral c.
 - d. Disagree
 - Totally disagree e.
- 6. I stopped the training because I did not have any energy to practice at home.
 - Totally agree a.
 - Agree b
 - Neutral C.
 - d. Disagree
 - Totally disagree e.
- 7. I stopped the training because the quality of the training did not meet my expectations.
 - a. Totally agree
 - b. Agree
 - c. Neutral
 - Disagree d.
 - Totally disagree e.

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- 8. I would have preferred to follow the training individually instead of in a group
 - a. Totally agree
 - Agree b.
 - Neutral C.
 - Disagree d.
 - Totally disagree e.
- 9. Would you recommend the training to other MS patients?
 - No, definitely not а.
 - No b.
 - Neutral C. Yes
 - d.
 - Yes, definitely e.
- 10. Would you like to start again at another time with the mindfulnesstraining?
 - a. No, definitely not
 - b. No Neutral c.
 - d. Yes
 - Yes, definitely e.

Below there is space for comments / tips / improvements.

Thank you very much for filling out the questionnaire!