Supplementary Material 1
Diary Questionnaire

Name and Surname: …..... **Date:** .....

The following statements refer to certain daily experiences you might have had today. Using the scale below, indicate how often you had the experiences described by each statement today.

1	2	3	4	5
Not at all or very rarely	**Rarely**	**Sometimes**	**Often**	**Very often or all the time**

1. I couldn't let go of certain thoughts that filled my mind today.	1 2 3 4 5
2. When I have distressing thoughts or images, I just notice them and let them go.	1 2 3 4 5
3. I think about the ways in which I am different from other people	1 2 3 4 5
4. I analyze why things turn out the way they do	1 2 3 4 5
5. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.	1 2 3 4 5
6. *I watch my feelings without getting lost in them.*	1 2 3 4 5
7. I think over and over again about what others have said to me.	1 2 3 4 5
8. *I perceive my feelings and emotions without having to react to them.*	1 2 3 4 5

Below is a list of words and phrases that describe various feelings and emotions. Read each one and mark the appropriate response in the space next to the word. Indicate the extent to which you felt this way today. Use the following scale

1 – very weak	2 – weak	3 – moderate	4 – strong	5 – very strong

1. Relaxed		7. Excited	
2. Sad		8. Shaky	
3. Calm		9. Carefree	
4. Depressed		10. Downcast	
5. Cheerful		11. Tense	
6. Nervous		12. Energetic	

How many times did you engage in home practice with mindfulness recordings since the last session? Yes, ... times/Not at all.

How many times did you engage in home practice mindfulness art since the last session?
Yes, ... times/Not at all.

Approximately how much time in total did you dedicate to both types of home practice since the last session? Please provide the time in minutes or hours: .....